Suffering Transaction:
A Process of Reflecting and Understanding

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Declaration

I composed this thesis, the work is my own. No part of this thesis has been submitted for any other degree or qualification.

Name……..

Date……

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Abstract

This study examines the transaction of the lived experience of 'suffering' in the process of psychotherapy. 'Suffering' is conceptualised as having its weight and value transacted between a psychotherapist and his or her client. As a psychotherapist from a family with a disabled member, my fieldwork in a hospital with the parents of disabled children was conducted in Taiwan. The development of our therapeutic relationship was discovered as the process of 'suffering transaction': the interaction of lived experience of suffering between my clients and myself.

Two clients took part in this study in which eight to ten sessions of counselling or psychotherapy were conducted and transcribed as the research data. The data also included my lived experience, which was made explicit in this field work through records of six sessions of therapeutic supervision and my self-reflective therapeutic diary and research journal. Inspired by Gee's (2000) work on data presentation, my understanding of client's stories is represented as poetic form. Reflections from the use of reflexivity explore the inter-correlations of 'suffering' between us.

The theoretical perspective informing the further analysis of this study is hermeneutic phenomenology and social suffering. The socio-cultural embodiments in language are explored as the hermeneutic horizons of the theme of suffering transaction. Politically, the development of 'early intervention' in Taiwan creates as 'unjust' context for those encountering medical services, and this shared understanding of the medical bureaucracy influenced the psychotherapeutic encounter. The analysis also explores the influence of Confucian approaches to gender difference and family ethics, and Christian religious beliefs, in relation to the self-identification of my clients in suffering for other. These three horizons indicate that searching for the meaning of suffering is an inter-subjective process that entails taking the responsibility for the 'Other' as the symbolic socio-cultural body.

The thesis concludes with discussion about the ethics of the therapeutic relationship.

I argue that in psychotherapy, both therapist and client are engaged in the Levinasian idea of the primordial responsibility ‘for’ the other. In the context of wider debates about psychotherapy as an ethical practice, I argue that a therapist has the pre-moral position of not only witnessing client’s lived experience of suffering but also being witnessed by the client. This study provides an example in which the context of ‘witness’ is inter-subjectively developed in psychotherapy.

Keywords: Suffering, Suffering transaction, Levinas, Chinese philosophy, Ethics in counselling/psychotherapy practice

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Chapter 1 Encounter Suffering

1.1 Encounter Suffering

In the autumn of 2001, on my first day of work as a paediatric psychologist, I found myself preparing an unfamiliar developmental assessment of a mentally disabled six-year-old boy. I felt nervous because I was embarking upon the first practice of my clinical work in the paediatric department, which required that, for the first time, I formally perform this clinical test alone. When the father of my client, Mr. K, led him into the assessment room, I was stunned because the six-year-old was tiny and appeared to be much younger, as if he was only a two-year-old baby.

The assessment used for the boy was Bayley Scales for Infant Development (BSID-II), was particularly designed for infants younger than three-years-old and did not fit my client's age. However, it could translate his general development into developing scores, which I could then analogise the scores with a healthy baby's development. The assessment was done quickly. The boy could not sit up by himself; he did not have enough muscle tension to crawl and there was no intention in his eyes when directed to trace an object and sound. Based on my client's underdeveloped responses his diagnosis was so apparent that anyone could foresee the evaluation result, even Mr. K: The boy would be labelled as a permanently disabled child with 'severe mental and developmental retardation' in the Taiwanese medical service. This diagnosis had confirmed that, combined with neurological and psychological assessments, his global development ceased in the second year of his life; as had his cognitive and psycho-social functions. As I performed my assessment, I saw how

a formal procedure revealed intimate details concerning a disabled child's relationship with his parent figure.

As a beginner practitioner, this process was quiet but astonishing. I was to be the one who had to confirm the boy's permanent disability and announce my assessment result to the parent and others like neurologists, nurses and social workers. Since it was the first official psychological evaluation which could affect not only the family's relationship to their child, but also their social welfare payments, I was especially careful and aware as I took every step of my evaluating work. I was very nervous that my mistakes could cause injury to this child and his family.

During my assessment, I was quite impressed by how this father interacted with his son. The evaluation proceeded as two parts: firstly a questionnaire completed by the father concerning his own observations of his child and, secondly, my clinical interaction with the boy. During the assessment process, I laid the boy on a soft bed and let the father finish the questionnaire, and it was nice to see that the father seemed to have an intimate relationship with his son. When the boy laughed as I worked with him, although the father was busy writing the questionnaire, I saw that he was also listening to our interaction, for he smiled along with his son. When the boy cried because I moved his body into uncomfortable positions, the father's eyebrow twitched and his face appeared apologetic and encouraging, as he looked at his little boy. Standing between the father and son, I also observed these silent interactions, which were so natural they demonstrated how the connection between them was tight and close. I was moved by the atmosphere of both happiness and sorrow in this small medical space.

Throughout this encounter I found myself asking questions about Mr. K and my emotions regarding this interaction. I wondered why did only the father come? Where was the mother? What had the family experienced in the four years that had passed from when the boy was two until now? When I watched the interaction between a small boy who was to be diagnosed with mental retardation and his solitary father, I held my sad curiosity and waited to know more about them until I officially finished the assessment. The reason for my curiosity about why the mother was not there was cultural: in the Taiwanese patriarchal society it would most often be the mother as the main caregiver who would bring a child to the hospital. I later asked Mr. K about my client's mother and found that the man also had four daughters and his wife died during the birth of this boy. I contemplated how, in order to have the 'son' for this family, the mother gave her life and thus the father had to bring up the four daughters and the boy alone. Mr. K shared that he knew the boy had stopped growing at the age of two but, before he entered my assessment room, could not find any medical explanation of his child's disease. He had contacted famous doctors and different hospitals in Taiwan in order to find a pathological reason. However, he still had not received the answer and was getting used to the response 'no answer yet' when asking others to explain his son's condition.

When I asked him how he could tolerate such long term and intense suffering in these four years, he gave me an impressive illustration:

> 'My wife and I expected a son for many years, and finally he came with his mother's sacrifice. When I saw my son, I was amazed as I thought God handed me the brightest star from the sky. Although my wife is not with us, although my boy is

now different from other children, I am still grateful that God stopped my boy's development in his most adorable and beautiful moment. God let me keep this brightest star forever.'

I remember that he made his statement calmly and with a smile. At that time, I felt his bliss and agony conveyed in these words.

1.2 My Family

As a young psychologist, I was overwhelmingly attracted by Mr. K's contexts of suffering because they directly reminded me of my own family experience. I too am from a family with a member who is diagnosed as having a permanent mental disability. My aunt, my father's youngest sister, is a Down's syndrome patient with also has the diagnosis of moderate mental retardation. She has lived with us for over 30 years. My father, with eight younger sisters and a brother in his generation, is the main caregiver of her since my grandfather, who had previously served as her caretaker, died three years before my birth. She is 17 years younger than my father and so she came to be regarded as my elder sister and one of my father's children.

Our family has changed dramatically during these 30 years. My grandmother died when I was the age of 9. My other seven aunts and the uncle left home and had their families. Then my two younger brothers and myself left to work away from home. As a result, our family has eventually become only three members at home: my parents and my aunt.

I have often wondered why my father chose to have her live with us instead of seeking the help of social welfare. Yet, as has never felt confident about the socio-

political support in Taiwan, he never considered it to be an option. When I once asked my father about the situation, when he was affected by alcohol and able to share his life stories with me, he responded: '*God sent her to my mother, and my mother sent her to me*'. However, I did not understand what he meant until I started working in a hospital. My experiences with parents of disabled children caused me to face parents like my father everyday and from these interactions I gradually came to understand my father's words about his relationship with my aunt. In Mr. K's case, I came to realise that both he and my father have accepted the difficult challenge of having a lifelong dependent child; they have transformed their sadness into full support, and lived with it as part of their lives.

As previously stated, my aunt has always been like an elder sister to me and therefore I never called her 'aunt' in the Chinese respective form but, rather, by name directly. When I was growing up, I started to notice the differences between us. I often saw her as being clumsy and awkward, and so I often bullied and teased her. As a result, we had less and less conversation. Until I was doing my psychology BA degree, with my acquired knowledge of developmental disabilities, I started to see her with a different perspective and began to feel close to her. In the year of my graduation in 1999, she and I had our first pleasant interaction and conversation. She showed me her personal 'studying space', which is in her room—a place I had never before wanted to enter. I found that she liked studying. Actually, she had once attended an institute of learning disability when I was around five to twelve years old, but quit it because of the maltreatment she suffered there. After leaving the institute, she kept the habit of reading daily newspapers, collecting her favourite articles and pasting them to her notebook. I saw that she had a desk and placed her

most important things in the right drawer of the desk. When she showed me her writings, drawings and the most important things in the drawer, I found two yellowing photos with other very old toys and used stationary. One photo was of herself with my grandmother. The other was herself with me and my two little brothers; in this picture, I was five years old and my youngest brother was still a baby. With a sudden and shocking realisation, I then understood her relationship with me and my brothers to be one of the most important things in her life.

At this time, I recognised that this was also the first and most important lesson of my life: 'cherishing a relationship with the other' is never contingent upon one's intelligence. Even though my aunt's mental age was only equal to a five-year-old child, she taught me that 'cherish' can be pure and simple. This lesson is also important in my psychological practical work, as a medical professional's support, care and trust between a family member and a child with lifelong mental disability should not be exclusively defined in relation to the child's disease and disability.

Despite her love for learning, in order to protect his little sister from maltreatment, my father decided to keep my aunt at home and has isolated her for many years. Therefore, when I started to work as a psychological professional, I got an increasing sense of both the reality of developmental pathology and my father's unjust educational attitude towards my aunt. My father was a teacher and still believes in his old-class Confucian style that requires 'a teacher (to be) strict otherwise he shows his fall'. I was used to his teaching with physical punishments when I was a little child. Similarly, when my aunt made serious mistakes, my father had to correct her through physical contact. Being a son, nephew, and psychological professional, I always struggled to watch a five-year-old child in a 40-year-old body being punished

and crying loudly. All I could do was keep silent or just run away.

My concern for my aunt was an obscure thing in my interaction with my father because between them there was no margin into which I could insert my voice. At the same time, in my work in a paediatric department, due to my 'professional' position, I could directly influence another parent's attitude towards his/her child. I feel that my personal history enabled me to deeply understand a family's experience of suffering in silence. Because of this, the alliance and trust between patients and myself was always quickly secured. The frequent positive feedback from the parents with disabled children made me feel confident in my position and medical role. For me, in my field of work, what I could not do for my family could be done for the families like mine. I found that the disappointment of 'I cannot do anything' was therefore amended in my practical works. Although there is still no space between my father and my aunt for me to express my disapproval, as I began and continued my practice as a paediatric psychologist, I found that, in this role, I was able to have a voice with other parents who interacted with their mentally disabled children.

1.3 The History of Suffering in My Practical Work

As outlined above, my interest in 'suffering' was based on the personal struggles of my family, and also, as discussed in this section, on the personal growth I experienced through my practical work as a psychotherapist in Taiwan. On the 21st September 1999, a big earthquake with 6.9 scored by the Richter Scale occurred and caused the death of nearly 3,000 people in the middle region of Taiwan. At that

time, I had just graduated and was waiting for my compulsory military service. Because of this natural disaster, my military service was delayed and I was recruited as the main assistant to my ex-boss, who was the head of the Student Counselling Supporting Centre of the 921 Earthquake by the Taiwanese Ministry of Education and also my teacher in the BA course of Counselling and Psychotherapy. Due to the lack of therapists, I had to enter the disaster-hit area and do counselling work with the children who suffered from the damage caused by the earthquake. Therefore, my therapeutic practice, from the very beginning, started with an incredibly harsh situation in which I had to develop relationships with children who had lost limbs, siblings, friends and parents. As a result, as time went on, I found that the children's painful memories and the scenes composed of bloody images I had witnessed began to suddenly enter my mind without any preparation. I feared that this would affect my psychological practice. For the first time, I experienced 'burn out' as I was very depressed and disappointed with my difficulty with helping these suffering kids. I could not sleep as the violent images and children's crying appeared when I closed my eyes at night. I soon realised that these stories from my work were too heavy for me to listen to. My ex-boss noticed my disappointment and depression, and carefully looked after my feelings and how they affected/impacted relationships in my work. A year passed, and my child clients were much stronger in their life and so was I. From this work, I learned how the unbearable weight of life could be communicated through the experience of 'suffering'. Also, I learned how this painful learning enabled myself to listen to the voice of suffering, from not only my clients but also myself as I struggled to comprehend and connect with the pain my clients experienced.

In 2000, I experienced my first life threatening anxiety when I was engaging in my military service in Taiwan. I was 23 years old and sent to hospital because of fulminant hepatitis. My liver index was nearly 3,000—60 times higher than normal. I was tired, but felt no pain in my body as my liver had no neurons in it to produce any pain. I knew I was dying, but I could not feel the closeness of death from my awareness of my own body. The only way to know my condition was through dialogue with medical professionals who shared how the results of the everyday blood test and the doses of medications demonstrated how in danger I actually was. I felt a great sense of fear because I could not manage my body and death. I was disconnected from the physical suffering and yet tortured with the narrative suffering I encountered through the facts of medical tests and the words of medical professionals. It was a fact I could not feel. I was afraid of sleeping because I doubted I would wake up. I phoned my friends and pretended I was prepared for the possible final talk I would have with them. From this experience of dying without pain, I learned that my suffering was not relative to the fatal disease, but instead due to the fear of losing connection with my body and with my cherished others.

The particular and personal suffering I experienced enabled me to better understand the complexity and consuming aspect of the suffering of others. From 2001 to 2005, I worked as a paediatric psychologist and had to explore the context of ‘disease’ and ‘suffering’, for a family like mine. In this work, I could balance with what was required of me as a Taiwanese professional in a particular cultural and political context, as well as what I felt was necessary on a more intimate and emotional level with my clients and their families. On the one hand, I labelled

children with diseases because their care was regulated by the Taiwanese public insurance and social welfare system and, as a result, medical benefits will only pay out if there is a confirmed 'disease'. Accordingly, I needed to talk to the parents about their child's disease because I had to ensure that psychological intervention was located in the structure of parents' care, social support and governmental funding. On the other hand, I listened to their lived experience of 'suffering' as they described their everyday struggle with raising a child. The diagnosis of a disease confirms and facilitates the clinical actions for the sick child in which both the family and psychologist need to work within the medical and political reality in Taiwan. The understanding of suffering confirms 'our' responsibility for the child in the context of everyday worries, fears and anxiety. After my psychological evaluation, confirming a child's disease not only could start a storyline of engaging in a medical process but also had the potential to re-write the storyline of a family's life itself. I was mindful that I always worked with political-medical and every-day-life languages in this professional work.

As mentioned earlier, my experience of 'burn out' in my first professional work with suffering children helped me use my therapeutic supervision as another eye to see how I correlated my client's experience of suffering with my own life. My supervisor and I explored my relationship with clients and configured my relationships with my important '*others'* such as my parents. This process inspired me to find the link between my 'self' and 'others' and how this link influences my own emotional balance. In this process, clients' stories became the key so that my Pandora's Box of memories with others could be opened and the mutual experience of suffering could be connected with the psychotherapeutic praxes. As a result, I could see how

client's stories touched me because I could find the similarities between others' life experiences and my own. Clearly, parts of my 'self' had been reflected in my client's stories. From seeing the 'Self' in their stories, I could relate to their suffering as if I were a member of their personal lives. For me, the subject of '*suffering*' reflects not only my relationship with clients but also my relationship with others in my own life. In therapy, we encounter suffering, as Rogers (1967), Yalom (1980, 2001) and Schmid (2004) emphasised. Both client and therapist use their '*selves*' to relate to '*other*s' so that the meaning of suffering can be constructed throughout this process.

My clinical work as a paediatric psychologist was conducted under Taiwanese medical politics in which a patient used the national insurance for psychological treatments or interventions. The term 'psychotherapy' or 'counselling' had its political background in which the medical context of a child's 'disease' is intervened and expected to be recovered. Therefore, my therapeutic training of being a person-centred or child-centred therapist had to be prioritised after the significance of a child's behavioural change. However, the context of suffering is not the recovery of a 'disease' or the progression from a 'symptom'; rather, from a humanistic perspective (Rogers, 1967; Yalom, 1980, 2001; Schmid, 2004), 'suffering' is about how it has been encountered between human beings. Engaging in a client's experience of suffering with person-centred or behavioural-change approach is a methodological consideration, whilst being reflexive to the experience of 'encounter suffering' is an ontological and ethical reflection. The context of suffering does not matter with what a patient's disease is or how he has been treated, but matter with how it has been encountered between one and an-other.

As mentioned earlier, in my clinical work, my clients and I shared our history of common lived experience, in which we all lived with a close family member who was disabled and working with parent had always caused me to re-examine my relationship with my parents. In this thesis, I aim to further explore my relationship with suffering through my life experiences and my interaction with the life stories of my clients. I do this so that I can demonstrate how our own historical context of everyday suffering interacts with others' lived experience with suffering. Because of the intrapersonal responsibility involved in therapeutic action, my clients' lived experience became the stories of suffering and my lived experience with suffering was embedded in my response to them. Interpersonally, we used the other's language to recall our un-contextualised experience of suffering. The aim of this research is to explore this interaction of psychotherapy, in which I use 'transaction' to describe the exchange of the history of suffering.

Precisely, before our therapeutic engagement, both clients' and my own experience were fragment and unvoiced; within the therapeutic encounter, 'suffering' was given its meaning in the therapeutic process of listening and mutual understanding, in which each client and I 'encountered' the other's experience of suffering. Our mutual responsibility awoke each other's lived experience and 'transacted' into the language for the other. Through this research, I hope to introduce and further discover the process of 'suffering transaction'.

1.4 Querying 'Suffering' and Setting the Structure of this Research

Accordingly, in this study, I will further explore the suffering transaction through

literature and the exploration of questions, which would set up a brief structure of this research. To elaborate the humanistic concerns in my paediatric clinical work, I started from Frank's (1995) debate of 'can we research suffering?' and 'what is 'suffering'?' Can it be really excluded from the medical context of illness and disease? From my empirical learning, an illness or disease is an integral part of the experience of suffering but should not be analogised as the cumulative experience of suffering. The language of illness and disease are medical, used for conversation between and with medical professionals, who form a diagnostic context of a patient's body. However, one may not use 'illness' or 'disease' in his/her everyday communication with others. The 'everydayness', the context and method through which one lives with the difficulty of his or her life, is subjective to oneself as s/he interprets their own body and communicates their everyday lived experience with others. Exploring 'suffering' by its medical contexts alone may simplify the richness inside of it. For instance, in the Taiwanese slang, 'eating suffering' is like eating 'tonic'; the term 'suffering' can be culturally equalised as a 'food' which can strengthen one's body and life. In the Western philosophy of Existentialism and Eastern Buddhism, 'life' itself is termed as a collective body of suffering. From a political and sociological point of view, the ways a society functions through its support and welfare policy also influence individuals' usage of his/her everyday 'language' to communicate with others. Therefore, beyond a strictly medical perspective, there is a cultural, social and political richness in one's experience of 'suffering'. In my effort to answer the question of what suffering is, I hope I can also reveal the complexity of it.

Secondly, I want to understand how the experience of 'suffering' can be met as

'suffering' by interpersonal encounter. How could the experience of suffering be contextualised as a subjective language and understood by others? As reflected, suffering is not regarded as the context of recovery from a certain disease or by a certain therapeutic perspective, rather, it is considered as an ethical reflection on the process of its encounter. To explore this ontological concern, I took a Levinisian account that one's experience of suffering is interactive; it has an 'Other' to be suffering for while one's language of suffering is produced by an-other's encounter and understanding. Through the therapeutic actions of understanding others, the experience of suffering is contextualised and developed by 'two people': one speaks and the other understands and responds for him. The 'transaction' of suffering means how experience of suffering could become the context of inter-subjective mutual understanding.

To explore these two research intentions, this thesis will be presented in three parts. The first part in Chapter Two will be the ontological and epistemological exploration of suffering and its transaction. In this chapter, literature about illness and disease will be reviewed. The socio-cultural perspective of human suffering will be elaborated and related to the epistemological terms of suffering transaction. The second part in Chapters Three and Four will serve as the methodological discussion about how I have considered my research questions and the methodological issues of conducting this research. In Chapter Three, the setting of data generation and relative ethical concern will be discussed and I will explain how I addressed my fieldwork of therapeutic practice in Taiwan and coped with the ethical issues that manifested in the process of it. In Chapter Four, as suffering is experienced in various ways, the ways in which language conveys the experience must also be

considered. As I utilize a narrative-based exploration in my Taiwanese therapeutic practice, I look forms of narrative in order to communicate the intersection of my clients' experience with suffering with my own through my personal use of re-presentation.

The final part of this research will be about my data representation, analysis, discussion and conclusion. Chapters Five and Six will reveal the representation of my fieldwork with two clients in Taiwan, in which the transcripts of the therapeutic practices will be collated and reflected. The Chapters Seven and Eight will be dedicated to further analyses of the cultural and ethical issues in the therapeutic interactions between myself and my clients. In Chapter Nine, as the final chapter, I will discuss the findings of this study and the possible contributions to the realm of psychotherapy and counselling.

Chapter 2 The Window of Suffering and its Transaction

2.1 Introduction

Suffering in English, according to the Cambridge Advance Learner's Dictionary (2008), can be defined as one's experience of physical or mental pain or, as a verb, to experience or show the effects of something uncomfortable or bad. One can be suffering 'from' a difficult event, pain or disease or 'for' a specific other who causes the situation for the sufferer. In Chinese, suffering is written as '苦(Ku)', which structures its upper side (艹) as the 'herb' and the down side '古' as 'oldness or the past'. It is used both in the description of one's experience of suffering and the bitterness of a food or medicine. According to the Chinese Dictionary (2001) edited by the Taiwanese Ministry of Education, as a noun, suffering can be meant as the experience of illness and disease; as a verb, it can be used to perplex, as a puzzle, or as a painful and strict living experience. In both languages, 'suffering' is similarly presented as a difficult living experience involving pain and/or illness but, differently, the sense of 'bitterness' is embedded in Chinese and is not meant dualistically as physical or psychological.

In this chapter, ontology and epistemology regarding to suffering and its transaction will be discussed. In 2.2, I will begin my discussion by reviewing the relative literature concerning the distinction between pain, illness, disease and suffering in which the Cartesian pragmatic interpretation of pain, illness and disease will be

reviewed and discussed. Based on the argument that suffering can be better empirically approached, in 2.3, I will review the contribution of medical anthropologists who argue that suffering is socially constructed. 'Social Suffering', an alternative angle of seeing human experience, will also be addressed, in which suffering can be termed as the consequence of interpersonal social activities, political behaviours and cultural customs. They will support the way in which suffering is in its nature a socio-cultural construction and contextualisation.

Following the anthropological framework, I will provide a perspective of myself in my own culture. In 2.4, I will present a non-western perspective of suffering from a Buddhist point of view; in doing so, I will contend that suffering is also termed as social, interpersonal and ethical. This perspective also argues that suffering is 'unspeakable' and unable to be defined. In addition, Buddhist arguments that suffering is a matter of ethics will be presented.

In 2.5, the moral perspective of suffering by the philosopher Emmanuel Levinas will be reviewed as he approaches suffering as the unavoidable responsibility for the 'Other'. In a postmodern context, he constructed suffering as the ethics and morality based on the relationship between self and others. I will review his articles and, due to the similarity to Chinese Daoism, I will inter-correlate the two thoughts and ground the debates of suffering as the inevitable ethical burden for the Other.

Suffering transaction, following the above discussions, is based on how suffering is experienced and contextualised in the relationship with the Other. In 2.6, the term 'transaction' will be redefined. After reviewing the objectification and development of current psychotherapeutic and counselling studies, this research will be defined

as an empirically-based study, and the research aim will be shaped by re-examining psychotherapy as a professional practice and reiterate it as an ethical practice. By reviewing the relevant literature, how suffering is given meaning in the relationship between therapist and client will be illustrated as the main focus of this research. Therapy will be redefined as a moral movement to discover the process of suffering transaction in psychotherapy. The conclusion of this chapter will connect with the next part of this research, the methodological concern.

2.2 Illness, Disease and the Medicalisation of Suffering

In early psychological theory, influenced by the necessity of pragmatism, the concept of suffering was developed through its linguistic attachment to the terms 'pain' and 'disease'. In 1664, Jene Descarte defined 'suffering' as 'suffering of mind' and 'suffering of body' and also outlined his theory of the mechanism of physical pain in his book 'The Treatise of Man' (1664, 1972). Since then, the dualistic ideas about pain have been widely adopted for approaching the treatment of pain as purely physiological because suffering is too subjective (Bendelow & Williams, 1995; Cassell, 1982) and diagnosing pain is a clear way of diagnosing suffering. Therefore, mind-body dualism has influenced the approach objectifying human 'suffering'. According to Wilkinson (2001), before the 1960s, defining suffering in contradistinction to pain for researchers is a 'well-established tradition' as 'pain is more objective than suffering' (Finn, 1986). Wilkinson (2005) argued that, up until the mid-1960s, western conceptions of pain were dominated by the understanding that this bodily sensation results from a noxious physical stimulus transmitting pain

along a path way to the brain (Wilkinson, 2005; Horn & Munafo, 1997). Medical practitioners believe that to remove pain is to remove suffering (Cassell, 1982) and therefore the *'conquest of pain'* (Fairley, 1978) becomes the ultimate goal of medical praxis.

By making a clear distinction between the concepts of 'disease' and 'illness', Toombs (1992) argued that 'disease' is more accurate than 'illness' in representing an individual's body condition, especially in the medical practice field. 'Illness' means one's feeling of being sick with an inability to control his/her body and pain, whilst 'disease' is termed as the objective description based on a bio-medical model in which one's lived experience is removed in order to avoid diagnosing bias. Disease, specialised by medical practice, is therefore developed as the 'practical knowledge' in which individuals' lived experience can be diagnosed, measured and controlled and therefore the experience of suffering is simplified as the rationality in which 'reducing pain is reducing suffering'.

Cartesian positivism separated pain and suffering: 'pain' is approached as a technological quest to master an 'objective' bodily sensation while 'suffering' is represented as a 'subjective' matter of moral conscience, cultural outlook and personal psychology (Amato, 1994; Illich, 1976; Wilkinson, 2001). While 'pain' can be conceptualised as a measurement and a location within one's body, bodily pain and mental suffering cannot be clearly separated. Mental disease is given a space in the field of medical practice. From the 1960s, researchers of social science have become increasingly alert to ways in which the sensation of pain cannot be explained in exclusively physiological terms, to a point where the conceptual

dichotomy between pain and suffering is obscured (Wilkinson, 2001). Since stronger correlation between human emotions and neurological responses, non-physiological suffering is thereby conceptualised as the sum of measurable physiological and psychological responses (Gantt, 2001; Wilkinson 2005) and can be 'medicalised' as deviant responses, like emotional disturbance, anxiety and depression, and clinical symptoms, such as particular physical conditions, daily behaviours and irrational cognitions (Conrad & Schneider, 1980; Leisieur & Blume, 1987; Gantt, 2001; Summerfield, 2004) . The medical model locates the source of deviant behaviours within the individual, postulating a physiological, constitutional organic, or physiogenetic agent or condition that is assumed to cause the behavioural deviance, and mandates intervention by medical personnel within medical means as treatment for the illness (Conrad and Schneider, 1980). Leisieur and Blume (1987) regarded the medical model of psychological practice as an approach designed to produce clinical change. It is a way to conceptualise, or organise and deliver assistance to an individual suffering from an illness, to families affected by a sick member, and to communities grappling with the destructive effects of a disease (Leisieur & Blume, 1987). In this medical model, psychological suffering is termed as the part of mental illness; the '*conquest of suffering*' has therefore become the ambition of modern positivistic research.

The development of the Diagnostic and Statistical Manual of Mental Disorder (DSM) is a clear example which 'psychologicalises' human existence of suffering and 'medicalises' the experience of suffering. In 1952, the first edition of the DSM was published by the American Psychiatric Association (APA) and is now being

developed into its fifth edition[1]. As the most important psychiatric textbook which influences worldwide medical practice, social welfare policy and health insurance, based on Cartesian statistic and diagnostic rationality, DSM conceptualises 'Mental Disease' as a diagnostic system with five empirical axes: (1) Clinical symptoms (2) Developmental and personality disorders (3) Physical conditions which play a role in the development, continuance, or exacerbation of Axis I and II disorders (4) Severity of Psychosocial stressors (5) Highest Level of Functioning (APA, 2000). This bio-psycho-social medical model of psychopathology defines mental illnesses in terms of diseases of mind, nervous system or other physical organs; it also facilitates the research of neurology, psychology, and pharmacology to 'prove' and 'unify' the aetiology and treatment of mental suffering. The concept of 'abnormality' is defined according to this diagnostic system and suffering becomes a range of deviances from the normality of mental health.

However, the DSM system not only medicalises an individual's living status regarding to suffering but also blocks one's power to interpret of his/her own body and mind (Lee, Yu and Lin, 2008). For instance, one's depression and anxiety can be diagnosed as 'disordered' by the assessments and scales (ie: Beck Depression Inventory (BDI), Hamilton Anxiety Scale (HAMA). As Cassell (2001) said, medical professions create the situation that one has to surrender to the alien language of his/own body and mind. Because of the professionalisation of mental health, one is defined using this alien language once s/he is announced as having a 'disease' (Lin, 2006). The rise of the DSM not only means that one loses his/her power to cope with the invasiveness of the medical profession, but also means that s/he loses the

[1] DSM-V will be published in 2013 http://en.wikipedia.org/wiki/DSM-V

power to interpret and identify life events, personal history and self status.

Among the numerous criticisms toward the DSM dominance in psychological professional practice, an important one is that the reliance on the DSM ignores the political, historical, social and cultural contexts within one's diagnosis of having a disease. The development of Post Traumatic Stress Disorder PTSD[2] is a salient example, in which it illustrates '*how social problems are transformed into the problems of individuals, how collective experiences of suffering are made over into personal experience of suffering, and how social traumas are refigured, for policy and intervention programs, as psychological and medical pathologies* (Kleinman, 1995, p. 177)'. To diagnose a person's PTSD, the problems of a society and culture are disregarded and ignored, and the sufferer, who has lost the power of defining his own fear, anxiety and the traumatic experience, has to repress his or her subjectivity, obtain the label which is due to his or her mind and body and take on the trauma caused by the environment. In medical professions, the context of suffering is forbidden to give a voice to individuals.

Compared to a medicalised perspective, social anthropologists argue that human experience of suffering should be discovered in a route different from standardising one's body or mind conditions (Kleinman, Das & Lock, 1997; Kleinman, 1999; Wilkinson, 2005). From a subjective perspective, a researcher could observe and reflect upon how a society, culture and local policies directly produce and influence

[2]According to DSM-IV, PTSD is the development of characteristic symptoms following a psychologicall y distressing event that is outside the range of usual human experience (i.e., outside the range of suc h common experience as simple bereavement, chronic illness, business losses, and marital conflict). The stressor producing the syndrome would be markedly distressing to almost anyone, and is usually experienced with intense fear, terror, and helplessness. The characteristic symptoms involve re-exper iencing the traumatic event, avoidance of stimuli associated with the event of numbing of general re sponsiveness, and increased arousal (American Psychiatric Association, 1987)

one's lived experience of illness, disease and suffering with his or her participants. As suffering can be argued as a humanistic phenomenon, it can also be studied from an non-medical but socio-cultural and political way.

2.3 Sociological and Anthropological Perspective： Social Suffering

Illness, disease and suffering may be more clearly distinguished from a phenomenological perspective by Sartre. Between illness and disease, Sartre provided a four-level interpretation of how one's subjectivity can be dis-attached to his/her body when making the confirmation of his 'disease'. At the first level, **pre-reflective sensory experiencing**, an individual feels a difference in his/her body based on his/her everyday experience. Pain, on this level, means the whole body. Until the second level, **suffered illness**, the individual tries to identify where the pain is from and from which part of the body (such as headache, the pain of head). Pain is therefore given the meaning of a psychological object. Also, the sense of suffering arises in this process. On the third level, **disease**, an individual's epistemological understanding of pain and illness is involved, in which, according to his/her lived experience, she or he identifies their body as being ill and the pain becomes a suspicion of a disease. Illness becomes another psychological object waiting for configuration. In the fourth level, a **disease state**, medical service and power is involved in the diagnosis of the sick body and gives the body a pathological meaning and explanation as a 'disease'. The right of explaining the message of one's own body is given from the sufferer to a medical professional, and a medical context of the body replaces one's subjective voice (cited from Lin, 2006). These

four levels present how one could lose the power of self in the process of dealing with pain and a sick body. In this process, an individual is always suffering not only because s/he knows their self as having a disease but also because they are losing the ability of understanding and speaking for their own body. Suffering, illness and disease cannot be regarded as one concept, and cannot be easily or clearly categorised into three concepts.

Can we research suffering? Frank (2001) argued that 'suffering' should not be conceptualised or defined as the process of sensing illness or acquiring a disease. One's subjectivity of suffering should not be excluded out of hand as a medical object, as the more we seek to understand the body of suffering, the more we unsettle attempts to explain it (Frank, 1996). The experience of suffering, Frank (1996, 2001, 2005) argues, creates a sense of 'otherness' which makes one distant from the body which they are used to, and challenges one's relationship not only with his/her body, but also with the others who they are living with. The experience of suffering creates the dialogue between one's self and his body, as s/he has to sense and interpret the use of body, and between one's self and others, as s/he has to communicate with others in the context of using the body. To explore suffering, one has to go into how it is conceptualised, in which suffering is a subjective sense of controlling 'my' body and the social context of living with and for others.

In order to depict suffering, the anthropologist approaches suffering as a social experience. Kleinman (1995) conceptualised the anthropological perspective of human suffering as:

> Anthropological accounts disclose how the idiosyncracies divide interests and

> cross-purposes of personal life lived under the strenuous constraint of disease processes are actually culturally patterned into recognizably shared forms. (p. 100)

For anthropologists, suffering can be defined from the historical and cross-cultural record as a universal aspect of human experience in which individuals and groups undergo or bear certain burdens, troubles and serious wounds to the body. Furthermore, harms that befall the spirit can be grouped into a variety of forms, such as, according to Kleinman (1997), the *contingent misfortunes* such as serious acute illness, the *routinized forms of suffering* like chronic illness, death, deprivation, exploitation, degradation or oppression, and the *suffering resulting from extreme conditions* like survivorship of holocaust or genocide. By means of ethnographic exploration of the lived experience, 'social suffering' is developed differently from a pragmatic necessity, which sees humans experience suffering from the formation of a social, political and cultural context. As this anthropological approach has made a profound and lasting contribution to the comprehension of the human experience of suffering (Graubard, 1996), researchers of social suffering can uncover a social meaning of suffering from the transformation of experience in terms of cultural representation, social experience and embodied subjectivity (Kleinman, 1997). Illness, trauma and wounds are termed as having their nature originating from social interaction and construction.

In terms of a sociological perspective of suffering, researchers do not acknowledge suffering from medical terms as the attachment of diseases but rather they reconstruct the richness, uncertainty and abstractness of suffering from ethnographical and reflexive exploration (Bourdieu, 1999; Frank, 2001). To

acknowledge ‘suffering’, they do not choose to answer ‘what is suffering’ but reflect upon ‘how an individual lives with suffering’. In this highly subjective and reflexive account, firstly, suffering is regarded as a mundane context of everyday life. In the book ‘The Weight of the World’, French sociologist Bourdieu (1999) and his colleagues showed how we acquire some appreciation for the immediate ‘*expressive intensity*’ with which people talk about their particular points of view. He presented the stories of those who are denied the means of acquiring a socially dignified existence, as well as the suffering of those who are poorly adjusted to the rapidly changing condition of their lives. The experience of suffering can be regarded as having ‘weight’, (from the title ‘the weight of the world’). The weight is not from how the experience of suffering has influenced one’s life, rather, according to Bourdieu (1999), the weight is from how people live the life; it is about how we understand our lived experience and how we encounter ‘suffering’ in every moment of every day.

Suffering can be represented in the context of local culture and political systems (Kleinman, Das & Lock, 1997; Kleinman, 1999; Wilkinson, 2005). Two important publications, ‘Social suffering’ (Kleinman, Das & Lock, 1997) and ‘Remaking a World’ (Das, Kleinman, Lock, Ramphele & Reynolds, 1999) showed how individuals live in personal grief, social change, political violence and historical holocaust, while the stories of their lives are constructed by their local setting of culture and language and without medical evaluation. Considering the influence from environment to individual, suffering can be a dramatic threat in which social force changes the setting of individuals’ local lived experience and inflicts harm on them (Kleinman, 1999). Illness, violence and recovery therefore become clearly the developing social

context as one is threatened and healed by the change of his/her environment and social relationships. The approach of 'social suffering' shows how an individual's experience of suffering can illustrate its own socio-cultural and political context, so that the voice of suffering could represent his or her lived experience and life history (Das, 1997).

2.3.1 Suffering as socio-cultural embodiments

According to Wilkinson (2001), the writing of *'social suffering*' can be a specific discourse which focuses on the symbolic embodiment of suffering in intrapersonal experience and cultural representation. Since the experience of suffering affects one's life, this 'negative' force can be comprised of an overwhelming and antagonistic sense of senselessness (Wilkinson, 2001). In light of this, a researcher who is interested in human suffering can put effort in invigorating public debate on the abuse of human rights, and can evoke outpourings of compassion from the public. Since suffering can be deemed as consisting of a compulsive struggle and reconstituting a positive meaning for self and society against the 'brute force of events whereby all matters of human value and dignity are made to appear violated and betrayed*',* the influence of healing and recovery at the level of social meaning can be grasped in the process of giving meaning to suffering (Wilkinson, 2001). From the perspective of social construction, the context of suffering is created in an interpretive framework for 'seeing' the world of '*the hurts we inflict upon one another*' (Graubard, 1996) and is recognised as the extent to which the trauma of suffering takes place as an embodied experience of culture, politics and society

(Kleinman, 1986).

The concept of embodiment represents the idea of a dynamic and non-dichotomous inherence between body and subjectivity. According to McNay (1999), in a feminist approach, embodiment mediates the antinomic moments of determinism and voluntarism through the positing of a mutual inherence or univocity of mind and body in place of a Cartesian dualism (McNay, 1999). Embodiment expresses a moment of indeterminacy whereby the embodied subject is constituted through dominant norms but not reducible to them while working through the dynamic notion of embodiment[3] (Butler, 1990, 1993; McNay, 1999). Experience, in this context, is neither purely the linguistic object of one's engagement with the world, nor purely the material residue against the incorporation to one's dominant symbolic schema. Lived experience mediates the self in the context of a body inscribed by cultural norms and local moral value (McNay, 1999).

The lived experience of suffering, therefore, can be approached by how individuals experience and cope with social forces and the local setting of the lived experience. It can be on the one hand how the social material deprivations and loss are perceived and interpreted, and on the other hand how political resources and interpersonal aid are gained and integrated (Wilkinson, 2001, p 84). For example, in Ramphele's (1996) autobiographical research, she analysed widowhood in Africa through relating the experiences of bereavement to how the political widows were settled. She found that the local social life could remake the heterogeneity of

[3] For example, Judith Butler's work on the formation of gender identity through emphasis on the fragility of dominant norms.

private grief into homogenized stereotype of public mourning, and also damage to the experience of being a woman. Das (1999) emphasised that any form of intervention is a political action creating its own meaning and therefore needs to be critically evaluated as a political tool that reworks experience conforming to the demands of power (Kleinman, 1997). Conducting research about violence and poverty in India, Das's ethnographical explorations uncovered the conflicting voices of Indian people on legal, medical, welfare, security and religious institutions. In Kleinman's case study of Yeng Chung-Xu(嚴仲叔), a story of a Chinese Cultural Revolution survivor was told in which he expected that the Chinese Communists could change the rotten capitalised society. However, after the rebirth of the 'new China', he suffered the complete destruction of social order and traditional ethics during the Chinese Cultural Revolution, and became disappointed by the trend that a re-opened Chinese market was making his adored land capitalised again. Within their stories, 'suffering' is a process of social mediation and transformation (Kleinman, 2001). Researchers, participants and readers are all engaged in the nested contexts of embodiment: collective, inter-subjective, individual, by means of entangled politics, moral, social and cultural construction (Kleinman, 1997).

2.3.2 An Interpretive Framework of Social Suffering: Cultural Representation, Transpersonal Experience, and Embodied Subjectivity

In research relating to human suffering, both researchers and participants are engaged in the socio-political activities of making, re-making, and un-making the meaning of suffering in the local setting of conceptualising suffering. Kleinman

(1997) argued that suffering includes the individual level but transcends itself as cultural representation, as transpersonal experience and as the embodiment of collective memory. In the discussion of everything that really matters to suffering (Kleinman, 1997), he presented an interpretive framework of seeing suffering as the transformation of experience, in which suffering and responses to it are depicted as reciprocal influence of shifts in cultural representation, social experience, and subjectivity which are shaped and reshaped by epochal political, economic, and social structural transformations.

Kleinman used Perkins's (1995) genealogical review of 'pain and narrative representation in the early Christian era' to advance this transcendental framework, in which she reviewed second-century Christian discourse, in contrast to the Stoic persona, and fashioned a self that was centred around suffering, both as religious identification with divinity and as a political alternative[4]. The 'suffering body' became the 'meeting place' of the human, and 'healing process' became the material manifestation of Christian power (Kleinman, 1997). Christianity is therefore involved in a transformation of subjectivity and the subjective self as the sufferer took institutional form around the organised collection of funds, administration of hospitals and poorhouses and experiences of religious transformations, so that the entire cluster of representation, self and institutions became a vehicle of political power (Kleinman, 1997). In this example, suffering, according to Kleinman's discussion on Perkins's work, is the confirmation of the relationship of changes in collective meanings, in transpersonal experience and in subjectivity to those in

[4] Cited from Kleinman, Judith Perkins, the Suffering Self: Pain and Narrative Representation in the Early Christian Era

historical, political-economic, and social structures (Kleinman, 1997, p323).

What Kleinman presented was a non-Cartesian way in which subjective human experience of suffering can be recorded, traced and acknowledged. He developed an epistemological understanding that suffering is embodied in a socio-cultural context and transformed between individual, society, politics and culture. In other words, one's experience of suffering can be seen as interacting with unvoiced socio-cultural embodiments. Encountering suffering, in this sense, is giving these embodiments a proper voice to speak for themselves. As Kleinman emphasised, everything really does matter. He has provided a view which refuses the simplification of human experience of suffering in which not only a sufferer, the participant of a research, (but also the witness, the researcher and reader), is positioned in a big socio-cultural map of acknowledging suffering.

2.3.3 Suffering as a co-constructive process and an inter-subjective context

In the perspective of social construction, the meaning of suffering is co-constructed by the speaker and listener (Laub, 1992; White, 2005). Although suffering is totally subjective, it can be told to a listener. Speaking and listening contextualise the lived experience of suffering. Therefore, the context of suffering is never a monologue but a dialogue always to an 'Other' (Frank, 2006). As Butler (1997) argues in her argument of psychic life of power, the experience of subjugation may itself, when owned and worked upon, become the source for claiming a subjective position. The movement from the first person singular pronoun, the 'I', to the claiming of a plural first person, the 'we', call upon experience, but this does not provide some kind of

unmediated bedrock on which the foundations of subjectivity can be laid. Therefore, the 'we'—participant, researchers and reader—co-construct the development of the context of suffering and how one's lived experience can be understood by others. As emphasised, the anthropological perspective of 'social suffering' is developed on the stance where '*researchers are unable to prescribe any complete and practicable solutions the experiences they describe* (Das & Kleinman, 2001, p. 16)'; it is a collaborative work of giving voice to suffering and making voices understood by 'us'.

Through engaging in a sufferer's lived experience, a research of suffering can approach the creation of spaces in which sufferers may achieve a shared voice in recounting their experience and a social acknowledgment of the life-threatening event they have endured (Das, 1995, 1997). The process of contextualising suffering locates the relationship between participants, researchers and readers into a relationship of a mutual moral relationship between sufferers and witnesses and which actually raises the moral issue of the constructed meaning of suffering. The moral perspective will be discussed in the next section but we can consider that the context of suffering is given an inter-subjective property and becomes the 'testimony' which makes the experience of suffering witnessed by this process (Das, 2001).

Cited from Das (1998) in her discussion of Wittgenstein's influence towards anthropology, the context of suffering can be regarded as a language of everyday life. Suffering, in terms of language, has its cultural, social and political symbolic meaning embodied in the encounters and dialogue between sufferers and

witnesses. Researchers' subjectivity cannot be excluded from a story of suffering because his/her lived experience and attitudes decide the intention of attuning the other's self-disclosure and the direction of interpretation. When a participant's story relates a subjective voice for his/her lived experience, a researcher's subjectivity is also a decisive factor in 'understanding human suffering; by means of his/her qualification to reflect on the research phenomenon as well as his/her relationship with sufferers' (Das, 1995; Klenman, 1995; Frank, 1995, 2001; Bourdieu, 1998; Wilkinson, 2001, 2006). The study of social suffering frames an inter-subjective perspective from the outer force (e.g. from religious, cultural, moral and social conditioning) to an inner state (e.g. sensation, emotions, and body-self reactions), and provides other sorts of empirical material to confirm the relationship of changes in collective meanings, in transpersonal experiences and in subjectivity to sufferers in historical, political-economic and social structures (Kleinman, 1997). In this manner, a researcher is viewed as an active participant who co-constructs the reality of social and cultural concerns with other research participants and readers.

As a researcher from an Eastern culture, with a 'traditionally' different paradigm of values and ethics, the perspective of social suffering has raised two issues for me to explore. The first is about how my own society and culture transform the context of suffering to me so as to understand other's experience of suffering. As Taiwanese society inherits Chinese culture and customs, its dominant religious contexts are sourced from Buddhism and Daoism. In the Buddhist context, the core of its philosophical foundation is that 'life is suffering', and is primarily concerned with the process of coping with or transcending suffering. As such it gives us a rich

source to work with.

Therefore, in the next section, I will briefly review the Buddhist context as an epistemological understanding of 'suffering', which can be also regarded as a non-western or non-pragmatic view of constructing 'suffering' (Fromm, 1960). The second is the moral relationship between a sufferer and the witness, about the ethics of self and other. The contribution of moral perspective by Levinas will be reviewed and used to support the ontological concern here that suffering is intrinsically social, interpersonal and inter subjective.

2.4 A Non-Western Epistemology: Buddhist Perspective of Human suffering

Following the discussion above, an oriental society like Taiwan has developed the concept of 'suffering' differently from the occidental perspective. Accordingly, a perspective based on non-western theorisation will be presented and discussed in this section. As one of the dominative local beliefs, Buddhism has theorised and conceptualised suffering as the main area of concern in its philosophy. Imported from India to China in the 9th century AD, Buddhism has pervaded Chinese literature, art, education and social customs. In the following presentation, I will review how Buddhism constructs its theory of suffering from the Buddhist literature of '心經 Shin Jing (Heart Sutra)'[5], '無量壽經 Wuliangxo Jing (The Amitabha Sutra)'[6]

[5] The 心經 (Shin Jin) Heart Sutra is a member of the Perfection of Wisdom (Prajñāpāramitā) class of Mahāyāna Buddhist literature, and along with the Diamond Sutra, is considered to be the primary representative of the genre. It consists of just 14 shlokas or verses in Sanskrit and 260 Chinese characters in the most prevalent Chinese version. (http://en.wikipedia.org/wiki/Heart_sutra, 03/10/07)

[6] The 無量壽經 (Wuliangxo Jing) is Buddha's Discourse of the Amitabha Sutra, or Shorter Sukhavativyuha Sutra, and is a Mahayana Buddhist text associated with Pure Land Buddhism.It was translated from Sanskrit into Chinese by the Tripitaka Master Kumarajiva in the beginning of the 5th century. (http://en.wikipedia.org/wiki/Amitabha_Sutra, 03/10/07)

and '涅槃經 Neipang Jing (Nirvana Sutra)'[7].

Unlike the medical model which relates 'suffering' only to diagnosable bodily symptoms, 'suffering' in Buddhism is constructed in a subjective manner which depends on one's individual judgment on how s/he suffers. In '無量壽經 Wuliangxo Jing', suffering is defined as having three aspects: '*struggling with difficulties*', '*feeling the ending of happiness*', and '*facing the inevitable impasse of life*'. In 'Nei-Pang Jing', suffering is termed as the '*inevitable impasse*' by '*Eight Ku*'(Eight types of suffering): *'birth', 'elderness', 'sickness', 'death', 'love but separate', 'hate but live together', 'want but cannot touch' and 'desire for satisfaction'.* In this context, 'suffering' is not related to the sick body or specific diseases but to the subjective experience and interpretation of life.

In addition, different from the Western medical practice which classifies pain and psychological responses into the rationality of mental illness, Buddhism rationalises suffering into the 'Four Noble Truths' which is represented as being how suffering originated from and what it resulted to (Table 2.1). The four noble truths are represented by four words '苦 Ku (Dukkha)', '集 Ji (Samudaya)', '滅 Mei (Nirodha)', '道 Dao (Magga)'[8] in which the human experience of suffering is rationalised into four stages of working through suffering (King, 2001). The first two Truths *'ku'* and *'ji'* are the causes of suffering, which illustrate why people suffer. The last two

[7] The 涅盤經 (Neipang Jing), Nirvana Sutra is one of the major texts of Mahāyāna Buddhism. It is a v oluminous and major scripture which purports to enshrine the Buddha's "final explanation" of his Do ctrine, an explanation characterised by "exhaustive thoroughness" and allegedly delivered on the las t day and night before his death (http://en.wikipedia.org/wiki/Nirvana_Sutra, 03/10/07).

[8] The Four noble Truths in Chinese and Sanskrit are: 苦: 'Ku': 'Dukkha': Suffering; 集: 'Ji': 'Samudaya': Collection; 滅: 'Mei': 'Nirodha': Extinction; 道: 'Dao': 'Magga': Road or path

truths *'Mei'* and '*Dao*' are the release[9] of suffering, which tell people how suffering influences human life.

<table>
<tr><td colspan="4">The Four Noble Truths</td></tr>
<tr><td>苦 Ku Dukkha</td><td>集 Ji Samudaya</td><td>滅 Mei Nirodha</td><td>道 Dao Magga</td></tr>
<tr><td colspan="2">Reason/ Course of suffering</td><td colspan="2">Result/ Effect of suffering</td></tr>
<tr><td>Encounter suffering</td><td>Collect suffering</td><td>Cease suffering</td><td>Find route of cessation</td></tr>
<tr><td>The Three Ku</td><td rowspan="2">The Three Poisons</td><td rowspan="2">The Paradox of suffering</td><td rowspan="2">The Eightfold Path</td></tr>
<tr><td>The Eight Ku</td></tr>
</table>

Table 2.1: The Four Noble Truths and the theory of suffering in Buddhism

From a Buddhist context, 'Wuliangxo Jing' and 'Nei-Pang Jing, '苦 Ku (Dukkha)' represent general suffering. People suffer because they are struggling with their desires or inevitable difficulties as mentioned in the 'The second Truth', '集 Ji (Samudaya)'. It refers to the 'collection' of people's desires, psychological attachment and delusions known as the 'Three poisons' which generate suffering and keep individuals grasping at pleasant experiences and the rejection of unpleasant ones. Suffering is created by desire; desires create and foster loss and make one mired in cravings. '滅 Mei (Nirodha)' literately means 'extinction', the cessation of suffering, and the stage where an individual suffers acutely because s/he has known what and how suffering is caused and, subsequently, have to make the decision of taking responsibility for their life. '滅 Mei (Nirodha)' offers another

[9] 'Release' is not a good tranlation of 'Mei' and 'Dao' in Chinese but is a better description in Englis h. In Chinese, 因果 (Causality in Chinese) is comprised by the reasons (因) and consequences (果). T herefore, the first two truths illustrate why and how people suffer and the last two tell how people can release and learn from suffering.

facet of liberation. The Buddhist context of freedom is a process of reframing and re-contextualising the self-experience of suffering. Suffering in this stage is paradoxical because the individual is asked to accept both the conditions and potential gains of suffering which offer a holistic view to account for suffering itself as entailing extinction and liberation, as well as responsibility and freedom.

After the awareness of the paradoxical reality of suffering, '道 Dao (Magga)' means to an individual the 'road' or 'path' to the cessation of '*suffering*'. In *'雜阿含經 Tza-A-Hang Jing'*, eight moral ways of living a life are codified as *'Eightfold Path'*: *'right view', 'right thinking', 'right speech', 'right action', 'right livelihood', 'right diligence', 'right mindfulness' and 'right concentration'.* The '*Eightfold Path*' constitutes the ethics which provides a supportive framework for individuals to take responsibility for every action in their daily life. Actually, a number of researchers regard the 'Eightfold path' as the theory of the Self in Buddhism as it can be deemed as the moral context between self and other in terms of social construction. (Das, 1997; Myuk, 2003).

The discourse of the 'Four Noble Truths' offers three presumptions on the Buddhist essential argument of 'life is suffering', which has influenced or echoed a/the Western modern perspective of human experience. Firstly, suffering is a subjective experience and language is used and experienced differently person by person. It is 'unspeakable' (Frank; 1995 also from Neipang Jing (Nirvana Sutra)) as it can only be understood by being in it. Secondly, suffering has its paradoxical reality. In Fromm's (1960, p. 102) *Zen, Buddhism and Psychoanalysis*, he argued that the 'paradoxical reality' is not Aristotelian logistic thought in which if A is B, non-B is then non-A;

rather, it has its very nature of two-fold meaning construction. Suffering, in this context, is the coming and co-existence of both sides of the coin: the one and not-one are all related to the 'one'. In the Four Noble Truth, the third one, '灭 Mei (Nirodha), proposes that actively experiencing extreme suffering provides the chance to be released from 'suffering'. Despite appearing paradoxical, one experiences suffering and experiences the release of suffering at the same time.

Thirdly, suffering is the framework guiding the ethics of self and other, a social and interpersonal context of living experience. Although the Buddhist view is developed differently from the anthropological perspective which points out the socio-cultural and socio-political construction, it re-configures suffering as something that occurs to an individual and that the only path to release from suffering is to experience it. In the postmodern view, the meaning of suffering is achieved through the everyday reinforcement and reflection of others in a social setting (Schon, 1983). The easing of suffering is found in taking responsibility for the relationship with others. Suffering is therefore the language with moral property by one's exploration of the 'real self', the actions of living a life and the connection with others (Horney, 1950; Morvay, 1999).

Although what Buddhism has developed is abstract and paradoxical, it enables a person to speak for him/herself about the ways in which suffering reflects 'my own life', a lifelong task of exploring the relationship with 'others'. In this presumption of individual subjectivity, similar to the perspective of 'Social Suffering', individual suffering is regarded as social and interpersonal, and the nature of this interpersonal context is ethics, the weight of the responsibility for the other. To

echo the arguments so far and to focus on how suffering is 'intrinsically' moral, I will review French philosopher Levinas's contribution of 'ethics of the other' in the following section.

2.5 Emmanuel Levinas: The Philosophy of Suffering for the 'Other'

In the current period of humanistic philosophy and practice, Emmanual Levinas is in the spotlight because of his contribution of redeeming 'ethics' as the primordial practice in human existence (Levinas, 1997; Loewenthal, 2001, Loewenthal & Snell, 2005). Different from Kantian thought of ethics and morality, Levinas approached 'suffering' empirically from its phenomenology. Similar to the Buddhist context of practical suffering, Levinas offered an ontological debate of human suffering in which 'suffering' is the ethical practice of taking the responsibility for the 'Other' (Levinas, 1981, 1987). This section of my thesis will review his papers and connect his arguments with that of the ethics associated with Eastern culture and philosophy.

For Levinas, humans are born with suffering and, simultaneously, the responsibility for the other. In his main concept of 'alterity' (Levinas, 1999), one's suffering cannot be experienced by another person; it can only be taken upon together with the other. Citing Aristotle, he explained four essential existential oblivions. (1) As we are fragile, we need to live with and depend on others ; (2)we are historical and finite; (3) since we are historical, we are 'thrown' into a particular world which is open and closed to people; (4) living in the world makes human forget the existence of sameness, difference and otherness, and that suffering is finite. As suffering is

finite, human have to depend on others (Benner, 2001). Levinas's critique of justifications of suffering leads him to search for a new ground of meaning for ethics, which he finds in the unmediated, painful exposure and responsibility to the vulnerable, suffering Other (Gantt, 2001).

Levinas was born in 1905 to a Jewish family. With his parents he moved to the Ukraine, where he lived during the Revolution of 1917, before he settled in France as a young man. During 1928 and 1929 he was in Freiburg, where he attended the lectures of Husserl and encountered the writings of Husserl's student, Heidegger. His phenomenological approach was massively influenced by them, as well as the intertwined ethnographical and historical factors of his Jewish background and the world war. He became a naturalised French citizen in 1930 and was ordered to serve military duty to France when it declared war on Germany. During the German invasion of France in 1940, his military unit was forced to surrender and Levinas was sent to a camp in Hannover in Germany. As a prisoner, he was assigned to a special barrack for Jews in which prisoners were forbidden any forms of religious worship and forced to do massive menial work. After surviving prison, he taught at a private Jewish High School in Paris and later began teaching at universities in 1961. He retired in 1979, was awarded the Balzan Prize for Philosophy, and died in 1995.

In the 1950s, Levinas started his phenomenological work based on the ethics of the responsibility for the 'Other', which he called 'the first philosophy'. For him, the 'Other' is not knowable and cannot be assimilated to an object of the 'self'. Also, the 'self' has been put into an empty position for responding to the emergence of the 'Other' (Lipari, 2006). Ethics, therefore, was re-considered as the transcendent context from how the 'Other' calls on the responsibility of an individual, rather than

from how the 'Self' takes action on it. As Levinas (1969) noted in Totality and Infinity: 'To recognize the Other is to recognize a hunger. To recognize the Other is to give (p. 69)'. Ethics, therefore, becomes an entity independent of subjectivity to the point where ethical responsibility is prior to any 'objective searching after truth'[10].

'Face' and 'Alterity' were Levinas's important reflection upon the responsibility for the Other. For Levinas, the irreducible relation of the face-to-face and the epiphany from the encounter with another is a privileged phenomenon in which the other person's proximity and distance could be both felt and seen. In this phenomenon, the 'face' is the medium which calls upon the responsibility for the Other and the 'alterity' (Levinas, 1969) was the approach to reach the responsibility for the Other. As he noted in *Totality and Infinity*, '*The Other precisely reveals himself in his alterity not in a shock negating the I, but as the primordial phenomenon of gentleness* (Levinas, 1969, p. 125)'. The 'face-to-face', as he emphasised, is the phenomenon which enables one to instantly recognise the transcendence and heteronomy of the Other[11]. Suffering, as if the context of the hunger appeared in front of me, is the sign calling on my inescapable moral responses.

In terms of 'suffering', I will now focus on two ontological thoughts offered by Levinas. The first is that suffering is evil, thus unjust and useless. He illustrated how suffering is also indefinable. The second developed in his later publication is how

[10]Wikipedia: http//en.wikipedia.org/wiki/Emmunuel Levinas, 2009/12/21

[11] For recent reflections on the ethical-political imports of Levinas' tradition (and biography), along wi th the examination of the notion of the *face-to-face* in relation to *le visage*, while taking into account the Levantine/Palestinian standpoint on conflict, see: Nader El-Bizri, "Uneasy Meditations Following Levinas," *Studia Phaenomelnologica*, Vol. 6 (2006), pp. 293–315

one has the inevitable responsibility ‘for the other’ as the ethics of suffering which inter-correlates person with person. Both arguments will be reviewed in 2.5.1 and 2.5.2.

2.5.1 Evil suffering and Useless suffering

In Levinas’s early writing, suffering arises from the burden of being and the point of ‘alterity’, while the ‘Otherness’ calls into question notions of the ‘Same’ (Deuck & Parson, 2007). As a survivor of the camps, he presented a different perspective from the traditional Enlightenment view wherein the ‘Self’ is the centre of ontology and epistemology. He argues that suffering is in nature ‘evil’ as suffering enforces the individual involved into the pure passivity of suffering that menaces the ‘freedom of will’.

His analysis started from the analysis of pain and suffering, in which he argued that suffering refuses to be an object like the sensation of pain (Levinas, 1969). In ‘*Totality and Infinity’* (1969), pain can be totalised, as he argues that it creates a need to control our bodies. However, suffering is passed from and towards the other, and therefore it is infinite. One endures suffering “as a tyranny’, the ‘You’, a malicious other who perpetrates violence’. ‘This tyranny’, according to Levinas, ‘is more radical than sin, for it threatens the will in its very structure as a will, in the dignity in origin and identity (p. 239)’; suffering is ‘an absurdity breaking out on the ground of signification (p. 237)’.

Levinas (1969) therefore denounced suffering as evil, not from a Kantian dualistic

perspective, but from a subjective reference because the individual state of suffering directly contradicts one's trust to God (Deuck, 2007). Suffering exists against theodicy (Levinas, 1969; Edelglass, 2006). This refutation includes justifications of suffering based on social utility, political teleology, and accounts of progress (Edelglass, 2006). Here the 'evil' does not mean the contrast of good, but the context of the unassumability and meaninglessness of suffering. Edelglass (2006) compared Levinas's and Kant's critique of theodicy,

> Kant's critique of theodicy is based on the asymmetry between moral evil and physical evil or between evil will and suffering. For Levinas, however, the literal absurdity of suffering, its incommensurability with a coherent experience of the world, undermines any attempt to understand suffering in the context of a totality of suffering. Levinas insists that, explanation of suffering justifies the pain of others, authorising actions that cause suffering, and legitimising the negligence of unresponsive bystanders. Justifying the Other's suffering 'is certainly the source of all immorality'. Suffering is evil, and to legitimize suffering is to justify evil. (p. 49)

Because of this 'evil nature', Levinas argues that suffering is unjust and meaningless. Evil is understood through suffering: 'All evil relates back to suffering' (Levinas, 1986; Edelglass, 2006). 'Even the very content of suffering is passivity, which is a modality' (Edelglass, 2006) and Levinas had previously signified that this also is a quiddity (Levinas, 1969). He argued that suffering cannot be meaningfully systematised within a coherent whole. Again back to his distinction between pain and suffering, 'pain' can be controlled by one's intentions of managing his/her body

by themselves or with others. In facing pain, one has the freedom to make a choice but, in suffering, one does not, as suffering suffocates the subject and destroys the capacity for systematically assimilating the world. In the article '*Useless suffering*' (1982) Levinas argues that in total passivity, one loses his power to control his life, therefore suffering is 'useless' and 'meaningless' and it 'refuses' to be defined and conceptualised (Levinas, 1982; Frank, 1995, 2001).

Furthermore, in its meaninglessness, suffering lends itself to its phenomenological description, the way in which suffering acts as a consciousness of the refusal of order and this refusal itself (Levinas, 1982; Edelglass, 2006). In Levinas's later writings, he developed stronger arguments about the ethical position of the Other. The main axis of his work is also clearer as by attributing ethics as the intersubjective context between a suffering self and the suffering Other.

2.5.2 The Ethics of Suffering for the Other

The descriptions of suffering in Levinas's early texts are generally presented from the perspective of the suffering itself in which the 'alterity' provides an escape from the overwhelming burden of suffering; the compassionate gesture arrives for the other. In '*Time and the Other*', Levinas (1987) claimed that 'I' have the assess to the 'Other': 'Only a being whose solitude has reached a crispation through suffering, and in relation with death, takes its place on a ground where the relationship with the other becomes possible'. Levinas describes suffering, the 'crispation and isolations of subjectivity', as the ineluctable moment of my dialectic'. In suffering, Levinas argues that the 'Other' serves as the context by which we reach the awareness of the 'I', the ethics of suffering for the Other.

2.5.2.1 The Responsibility for the Other

In '*Totality and Infinity*' he addresses the suffering 'of' and 'for' the other as 'the eccentric moral context of a human being' (Levinas, 1969; Edelglass, 2006). He presented the primacy of 'alterity' as a language of otherness and a new development and refinement of subjectivity, identity and self (Edelglass, 2006). As mentioned earlier, alterity, for Levinas, means the otherness and that 'the radical heterogeneity of the other, is possible only if the other is the other with respect to a term whose essence is to remain at the point of departure, to serve as entry into the relation, to be the same not relative but absolutely' (Levinas, 1969, p. 136). The 'Other' is the connection with the 'Self', a substitution of subjective and in its nature a morality of binding one to the other. In his writing in later life, Levinas distinguishes his philosophical project from the dominant traditions in Western moral philosophy by highlighting the primacy of the suffering Other, and situating the suffering 'for the Other' at the heart of his thought (Gantt, 2001).

In '*Otherwise than Being*', based on the perspective of alterity, Levinas analysed 'suffering' as the phenomenon in which the 'subject bears and suffers the weight of the Other as the intrinsic responsibility' (Levinas, 1998). He argued that one has responsibility 'for-the-other', which has been rooted within our subjective constitution, and therefore 'suffering is the sacrifice of my own nourishment *for* the other' (p. 74). Levinas is not interested in a compassionate suffering that is the result of resemblance with a causal mechanism such as a 'guilt complex' or 'some tendency to sacrifice' (Edelglass, 2006). He argued that suffering is a wounding, a sensitivity that is not the affectivity of sympathetic feeling but the affectivity of the

moral command of the other.

As the 'first philosophy', he redefined suffering as the context of morality between self and Other, as he claimed in the preface of '*Otherwise than Being*' (1999): 'everyone will readily agree that it is of the highest importance to know whether we are not duped by morality.' He argued that our 'responsibility-for-the-other' is not a derivative feature of our subjectivity but 'obligation founds our subjective experience of 'being-in-the-world' by giving it a meaningful direction and orientation' (Levinas, 1998)'. In his phenomenological analysis of 'neighbours', he adapted the question of 'nothing is more burdensome than a neighbour?' to characterise suffering: 'the augmentation of taking the responsibility for the Other and the amplification of taking the weight of being' (Edelglass, 2006). 'In proximity, in contact, we bear the Other as a painful burden who affect us' (Edelglass, 2006).

In suffering, Levinas argued that the 'I' is offered a position and responsibility for the other of 'me voici' (Here I am)'. In the condition of 'face to face', he mentioned that when the sufferer is overwhelmed, a possibility arises for an opening, 'a half opening, and more precisely, the half opening that a moan, a cry, a groan or a sigh slips through the original call of aid, for curative help (Levinas, 1982, p. 93)'. For him, suffering offered a firm moral position which makes it imperative and 'in defiance of' for being only for individuals. As Kunz (2006) explained, to face a sufferer, we can choose our attitudes but cannot escape the moral responsibility for him/her (Kunz, 1998). The meaning of suffering, therefore, is because of the engagement of an 'Other' who recalls the ethical context of the intrinsic responsibility as a human being. In other words, in a subjective manner, suffering is

useless and meaningless, but in the interpersonal dynamic, suffering is creating its meaning, because it 'demands even more from the resources of the 'I' in each one of us, from its suffering inspired by the suffering of the other, its compassion which is a non-useless suffering (or love), no longer 'for nothing', and immediately has meaning (Levinas, 1982). From facing the Other, suffering has been given the moral weight of responsibility 'for-the-Other' that precedes autonomy, a being-for-the-other constituted by a sufferer for the Other.

2.5.2.2 Ethics: the Witnessed Suffering

Levinas (1998) illustrates the ethics of suffering through another metaphorical discussion in which suffering is given meaning through 'the hand of giving bread' (p. 74). In '*Otherwise than Being'*, citing Isaiah from Bible, he discussed the how suffering is constituted not only from the sufferer, but also the attitude of the Other, the one who witnesses suffering.

> It (Suffering) is not a gift of the heart but of the bread from one's mouth, of one's pocketbook, but of the doors of one's home, a 'sharing of your bread with the famished', a 'welcoming the wretched into your house (Isaiah 58)'.

The ethics of suffering, for Levinas, is the tearing of oneself from oneself, the tearing of the mouthful of bread from the mouth that one tastes in full enjoyment (Levinas, 1974). Ethics are not simply the gift of bread to the hungry, not only the nourishment of the Other, but the painful loss of one's own satisfaction: it is 'an offering oneself that is a suffering' (Levinas, 1997; Gordon, 1998). Suffering, in

summary, is witnessing and bearing its own process.

Accordingly, the meaning of suffering, although it is unspeakable, is attached with the moral relationship between one sufferer and the Other who is witnessing and bearing the process (Levinas, 1998; Gantt, 2001). Through the giving hand with bread, one's hunger is testified; also, guided by compassion, one's suffering is understood by the other. The nature of compassion, according to Levinas (1998), is 'bearing witness', as one is never able to provide enough support to the other who suffers. To face a sufferer, the compassionate witness offers an existential voice of 'here I am' as the 'saying' and is exposed to the must-taken and never-accomplished responsibility of 'here I am'. 'In saying', Levinas argued, 'suffering is signified in the form of giving'. Furthermore, 'rather than the said (le Dit), the saying (le Dire) exposes an openness to the responsibility' (Levinas, 1998). In the initial contact between sufferer and witness, the ethics begin as a call on a subject's moral responsibility for the Other (Gordon, 1998; Levinas, 1998). When suffering is witnessed, the meaningless suffering is given the meaning to suffering itself, in which the hand with 'bread to give' has given voice to Other's hunger and the face-to-face contact has transformed agony to each other. To face Other's suffering, the value of morality and the weight of responsibility are given as well.

2.5.3 Suffering, Ethics and 道德 Dao-De

Levinas's arguments of Ethics and the responsibility for the Other can be well compared and linked with the Chinese Daoist thinking of Dao-De: the Morality and Virtue. In Chinese history, Lao-Tzi (600-400BC) developed the Daoist perspective of morality which is similar to the Levinasian context of ethics (Nuyen, 2000). As one

of the most influential philosophers in far-eastern culture and society, Lao-Tzi's Daoism was developed as one of the three mainstream philosophies alongside Buddhism and Confucianism. Lao-Tzi's book, 道德經 Dao-De Jing, literally means the book of 道 Dao, routes and rules, as well as 德 De, virtue. In this book he tried to present the Chinese Daoist thinking of morality and ethics in the way similar to Western paradoxical dialectics and postmodern deconstructionism.

Ethics and morality in here need to be emphasised that I do not intent to make a clear boundary between ethics and morality, as from Levinas's perspective 'suffering' is a pre-moral and pre-ethical context developed before when one faces his or her responsibility for the 'other' (Levinas, 1998). Compared to Bauman's (1993, 1995) distinctive perspective between ethics and morality, in which ethics is the 'modernist' project of searching for golden rules of conducts and morality as the 'postmodernist' acceptance of individual impulse of here and now. I embrace Foucault's (1983, 1984) constructive point of view, in which ethics is the ongoing construction of self without external authority and morality is associated the hidden norm of appropriate conduct. Ethics of suffering, according to Levinas (1998), is valued after one takes the responsibility for the 'other' and morality of suffering is revealed with the socio-cultural context of the values. To face suffering, one 'ethically' takes the responsibility for the 'other' and, 'morally', one fulfils the social and cultural values of his responsibility.

In the Dao-De Jing, Lao-Tzi illustrated two similar arguments with Levinas. The first is the de-centering of 'self' in which the 'self' is put in a nihilistic position to

accomplish one's moral responsibility. In its eighth chapter[12], he illustrates the best righteousness is like water because its shape is decided by its container while it always just fits the shape of its container. He implied that morality is shaped by the other who works as a container in a relationship, but not oneself who intends to be a 'righteous man'. As the 'water' is neither intending nor retreating, it makes the container function perfectly by holding and moving it; the 'righteousness', therefore, is not intending to be a well-known fine man but aims to stay with others and allow the relationship with others to function in its way. Chapter 22[13] is another example which illustrates how an 'empty' self-position could practice the values of morality:

> The partial becomes complete; the crooked, straight; the empty, full; the worn out, new. He whose (desires) are few gets them; he whose (desires) are many goes astray. Therefore the sage holds in his embrace the one thing (of humility), and manifests it to all over the world. He is free from self- display, and therefore he shines; from self-assertion, and therefore he is distinguished; from self-boasting, and therefore his merit is acknowledged; from self-complacency, and therefore he acquires superiority. It is because he is thus free from striving that therefore no one in the world is able to strive with him[14].

The second main argument from the Dao-De Jing is the 'meaninglessness' of ethics which is similar to that of Levinas; Lao-Tzi argued that the nature of ethics is beyond

[12] 上善若水。水善利萬物而不爭，處衆人之所惡，故幾於道。居善地，心善淵，與善仁，言善信，正善治，事善能，動善時。夫唯不爭，故無尤。

[13] 曲則全，枉則直，窪則盈，弊則新，少則得，多則惑。是以聖人抱一為天下式。不自見，故明；不自是，故彰；不自伐，故有功；不自矜，故長。夫唯不爭，故天下莫能與之爭。古之所謂曲則全者，豈虛言哉！誠全而歸之。

[14] The translation is cited from http://chinese.dsturgeon.net/ (2010/01/08)

definition. In the first chapter[15], he said the Dao cannot be named as it loses its meaning. In the fifth, similar to Levinas's analysis that suffering is 'evil', Lao-Tzi argued that the world is originally unbenevolent to the creatures on it. In the 23rd chapter[16], 德 De (virtues) is how the world works itself and all human beings who cannot control the standards of morality but only can follow passively. In chapter 38, he mentioned the highest virtue '上德(Shan-De)' is achieved by the persons who do not persist in practicing rigid definition of morality and is not committed to pursue the designation of a sage. In Daoist thinking, ethics cannot be defined and ranked, as the meaning of it is exists and is lost at the same time by how one acts in the self-other relationship. Conceptualising, compiling and labelling the levels of morality will lose its own function and meaning of regulation and coordination.

Reviewing Lao-Tzi and seeing Levinas' ontological discussion of 'ethics of suffering' makes the above discussion a dialogue of ethics between an ancient oriental philosopher and a postmodern thinker. From my own cultural background as the starting point, Lao-Tzi's point of 道德(Dao-De) and Levinas's Ethics both indicate that, firstly, suffering is an interpersonal context of an ethical practice; secondly, when the experience of suffering is termed as ethics, it is unspeakable and refuses to be given an unified concept and definition; thirdly, suffering is the phenomenon of taking responsibility for the other, in which the subject of this phenomenon is not the 'self' but the ongoing relationship with the 'other'.

Many researchers misunderstood Levinas based on Western traditional dualistic

[15] 道可道，非常道。名可名，非常名。無名天地之始；有名萬物之母。故常無欲，以觀其妙；常有欲，以觀其徼。此兩者，同出而異名，同謂之玄。玄之又玄，衆妙之門。

[16] 希言自然，故飄風不終朝，驟雨不終日。孰為此者？天地。天地尚不能久，而況於人乎？故從事於道者，道者，同於道；德者，同於德；失者，同於失。同於道者，道亦樂得之；同於德者，德亦樂得之；同於失者，失亦樂得之。信不足，焉有不信焉。

thinking, arguing that his arguments of ethics further emphasised the subject of the 'Other' which is opposite to the Cartesian subject of the 'Self', developing the context of 'Other' as another 'Self' (Walsh, 2005). In actuality, neither the 'self' nor the 'other' takes precedent; the point of Levinas's concern is that suffering for the Other is 'between' them in which both are equally important in constructing the meaning of the responsibility in suffering. Suffering is the ethical practice of situating him/her-self in the relationship for the Other (Loewenthal, 2005). As one performs the responsibility for-the-other, 道德 Dao-De is manifested.

2.6 Between Self and Other: The Transaction of Suffering.

Following the above discussions, to research suffering, one has to locate himself in the phenomenon of suffering in which a researcher is always in the ethical relationship between the suffering self and suffering other. After reviewing written works that provide cultural, sociological and moral perspectives of suffering, I now focus on the relationship between self and other to see how the ethics of suffering could work and is worked interpersonally. From an atheistic point of view, I use Dutch artist Rembrandt's painting 'the Prodigal Son' as an example to illustrate my research concern of 'suffering transaction'.

The prodigal son is taken from a parable from the Gospel of Luke in the New Testament (Luke 15:11-32). According to the note from Wikipedia[17],

> The parable begins with a young man, the younger of two sons, who asks his father to give him his share of the estate. The parable continues by describing how the

[17] http://en.wikipedia.org/wiki/Parable_of_the_Prodigal_Son#Narrative (2010/01/08)

younger son travels to a distant country and wastes all his money in wild living. When a famine strikes, he becomes desperately poor and is forced to take work as a swineherd. ‘So he got up and went to his father. But while he was still a long way off, his father saw him and was filled with compassion for him; he ran to his son, threw his arms around him and kissed him’. (Luke 15:17-20) … the father calls for his servants to dress him in a fine robe, a ring, and sandals, and slaughter the "fattened calf" for a celebratory meal. The older son, who was at work in the fields, hears the sound of celebration, and is told about the return of his younger brother. He is not impressed, and becomes angry (as he feels unfair to himself), but the father told him, "But we had to celebrate and be glad, because this brother of yours was dead and is alive again; he was lost and is found.” (Luke 15:32). The celebration enables the father use himself to teach not only the small son, but also the elder son who does not yet know the value of lost and found.

In his life, Rembrandt painted the biblical story three times. The first was drawn in his youth when he has become one of the most famous and rich painters in the Netherlands. In figure 3.1, Rembrandt illustrated and showed himself directly as being the ‘prodigal son’ in the painting ‘Rembrandt and Saskia inthe scene of the Prodigal son’ in 1635, in which he dressed graciously and enjoyed a big feast with his newly wedded wife. He turned his head back and toasted with a delicately decorated glass.

Figure 3.1

In the same period (1636), Rembrandt drew the whole theme of ‘the return of the prodigal son’ from the Bible. As showed in figure 3.2, he directed the audience to focus on the prodigal son’s impoverished body and repenting face. Compared to the son, the Father’s facial expression was less lively than the returned son.

Figure 3.2

However, 30 years later, he presented a totally different interpretation of this story. When Rembrandt's son and wife died, he ran out of his savings, became old, sick, alone and no longer the most influential painter in his country. At this time, he created the painting that is shown to the right of this text. As presented in figure 3.3, the son's face is not shown to the audience but to the others; only the elder son, neighbours and the father each display a different facial expression in response to the son's return. Amongst the three main characters, the father shows a forgiving face and holds the little son who kneels down and digs his face into his father's chest. The elder son stands aside and stares at the reunion of his brother and father. His and the two neighbour's eyes, together with the light in the painting, are focused on the forgiving father's hand. Through this painting, Rembrandt illustrated not only the father's unconditional acceptance of his prodigal son with others witnessing, but also a prodigal and regretful man's invitation for an audience to engage in the theme of a father's forgiveness (Nouwen, 1992).

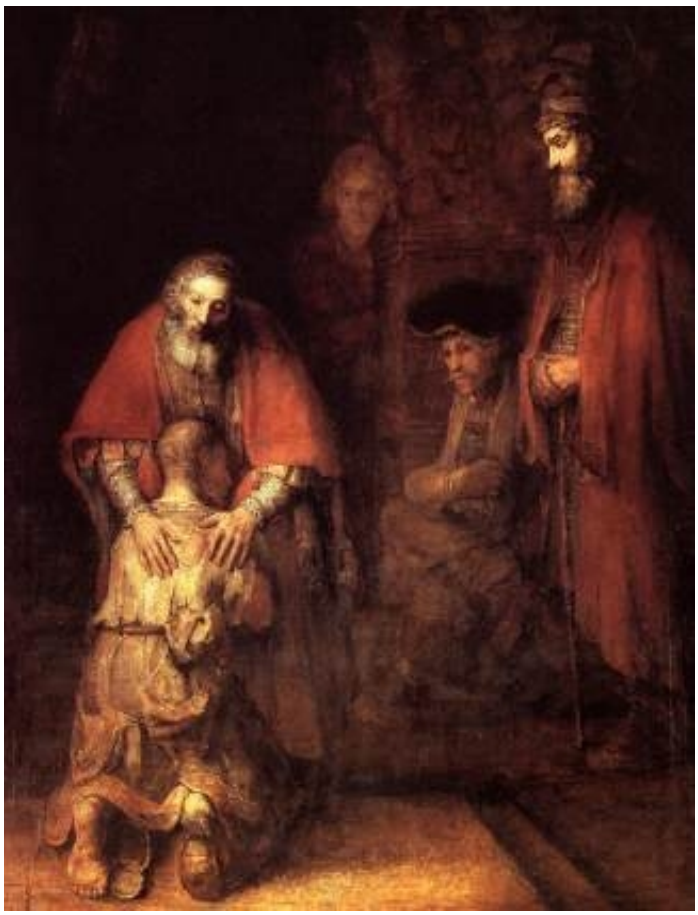

Figure 3.3

Understanding Rembrandt's work tempts us to develop a phenomenological understanding of suffering, as we have been invited to 'witness' the suffering and have been put in a moral position of 'suffering for the Other' as discussed earlier by Levinas. Who is the sufferer? The father? The sons? Rembrandt himself? Or part of ourselves as we have a similar lived experience with the figures represented in the artwork? When viewing this painting, we witness and bear the witness, but how does our 'understanding' happen in this process? In this research, I try to use the term 'transaction' to explore the 'understanding' of the other's suffering in the moral relationship between a sufferer and the witness.

2.6.1 Research Question: The Transaction of Suffering

Following Levinas's ethical debate of suffering, in facing a sufferer we engage in the unavoidable moral position as the witness and afford the inescapable ethical responsibility to the Other. The question I now present asks how we can understand the other's experience of suffering, how we can take on responsibility and witness another's suffering, and how we can use our lived experience and history to encounter someone else's lived experience and history of suffering.

In the same period of time, Lacan and Levinas similarly discussed the meaning of the 'Other' in which Lacan regarded the Other as a set of symbolic order (Fryer, 2004) and Levinas considered it the essential moral context of humanity. Although the two philosophers never had a dialogue with each other, in their discourse of 'order' and 'ethics', according to Fryer (2004), they constructed the 'Other' as two sides of a coin. On one side, due to facing the sufferer's face, one encounters the other's experience of suffering and responsibility for the Other; on the other side, because of the encounter, one's lived experience becomes the language used when responding to the other and thus the socio-cultural symbolic system behind one's living experience is transformed into a linguistic order. Through the encounter, suffering transacts the moral weight of responsibility for the other and the socio-cultural symbolic value of one's life between a sufferer and the witness (Schmid, 2004).

In terms of psychotherapeutic practice, 'For whom is therapy?' This question precedes the issue of 'how' one does therapy (Sayre, 2004) and an answer is neither the therapist for his/her skills nor the client for his/her problems, but,

rather, their developing and varying therapeutic relationship. In a postmodern context (Loewenthal, 2001), psychotherapy should not only be regarded as a pre-settled power relationship but also reflected as a process in which the therapist and client intersubjectively contextualise the experience of suffering. A 'therapist' is not only a professional who leads the client's story of the 'I' developing as the context of 'me becoming, me not-yet; me on the way to me' (Walsh, 2005), but as Schimid (2001) discussed unconditional positive regard, is also the Other who says 'yes' and commits to listening and understanding 'together'. A client, whose lived experience is acknowledged in therapy, is releasing and sharing his/her burden with the therapist and is also acknowledging the therapist as the Other who takes on the responsibility of suffering. 'The therapeutic relationship enables mutual acknowledgement as persons instead of knowledge about another' (Schmid, 2001), as suffering is developed from experience to language.

Levinas's transcendental perspective of alterity, according to Schmid (2006), should no longer be described as an escape from the suffocation of suffering, rather it should be characterized as the augmentation of suffering, an amplification of the weight of being. From Levinas, psychotherapy should be thought of as an ethical practice (Gantt, 2001; Loewenthal, 2005). From a reflexive perspective, psychotherapeutic practice has to be re-constructed from its moral dimension of 'healing', not from how effective the therapeutic intervention is, but from how the responsibility for the client is understood and taken (McLeod, 2005, 2007). This approach, according to Sayre (2005), for both therapist and clients, is the process of decentering. In suffering, an approach of Levinas involves a focus on the relational understanding which is 'not governed by the concern to rediscover oneself', but is

acknowledged by acting out of responsibility for the other (Schmid, 2006; Levinas, 1996). Clearer methodological issues regarding to researcher's reflexivity will be discussed in the next chapter.

This study posits an empirical perspective to explore the psychotherapeutic process, by means of its 'everyday' context in the dialogue between therapist and client, rather than the effectiveness of 'professional' conduct. Psychotherapy, in this study, is regarded as the process of ‘more than a set of technical procedures and a just warm supportive relationship (Orlinsky et al., 2003, p. 363)', and is deemed as having its ontological richness behind and beyond the psychotherapeutic techniques and relationship manifested by this process. In Lambert and Barley’s (2002) review, psychotherapeutic and counselling studies in the past 50 years have developed four categories to investigate its process: (1) extratherapeutic factors, the clients, ego strength, spontaneous remission, outside events etc.; (2) expectancy, such as a placebo effect, belief in treatment; (3) techniques, factors specific to a particular modality, and (4) relationship factors, like empathy, understanding and alliance. To focus on the ‘transaction’ between a therapist and client in a therapeutic process, I explore the issues and context of ‘suffering’ in a reflexive perspective on the development of the psychotherapeutic relationship. However, considering the intrinsic richness of a psychotherapeutic process, I aim to represent how the ongoing understanding has been processed, rather than thinking about it in terms of finding influential factors. I argue that this study contributes to a dialogue concerning the ontological exploration of how ‘suffering’ could be developed as having its own meaning between therapist, client and reader.

To study the mutual acknowledgment and inter-subjectivity, I use the concept of 'transaction' which is taken from the anthropologist Veena Das (1997) where socio-cultural and political embodiments of suffering are transacted between lived experience and subjective language. In her work of 'Language and Body: Transaction in the Construction of Pain', she analysed pain as the object transacted between language and body. Following Wittgenstein, Das picked up the scene in 'The Blue and Brown Books' in which he questioned 'how my pain may reside in another body' (cited from Das, 1997, p. 69). Das had an impressive discussion on drawing on Wittgenstein's pathos of pain:

> Wittgenstein creates language as the bodying forth of words. Where is my pain – in touching you to point out the location of that pain has my pointing finger – there is – found your body, which my pain (our pain) can inhabit, at least for that moment when I close my eyes and touch your hand? (Das, 1997, p. 70)

Das (1997) then moved the understanding to the mutual transforming point between body and language.

> Wittgenstein's example of my pain inhabiting your body seems to me to suggest either the institution that representation of shared pain exists in imagination but is not experienced, in which case one would say that language is hooked rather inadequately to the world of pain. Or, alternately, that the experience of pain cries out for this response of the possibility that my pain could reside in your body and that the philosophical grammar of pain is an answer to that call. (Das, 1997, p. 70)

Das understood 'pain' as being the call for the other's response which echoes Levinas's notion that 'suffering' also calls for the other's responsibility. Between

embodied experience and expressed language, pain or suffering could therefore be regarded as the 'transaction' between each other so that, through witnessing, they could live in the other's body.

Transaction, according to the Oxford English dictionary, is *'a piece of business that is done between people, especially buying and selling'*. Literally, this means that two things are equally valuable and are exchanged reciprocally between two persons. In this research, as explored, 'suffering' necessarily involves moral weight and subjective values (Kleinman, 2006; Bourdieu, 1999) and therefore the psychotherapeutic process transacts the weighty and valuable things not only intra-personally between body and language but also inter-personally between suffering and witness.

In psychotherapy, clients tell the stories of their suffering. In this process, stories give both client and therapist different angles to experience the lived experience and to examine the self-other relationship again. From session to session, story-telling and understanding becomes an interpretative circle (McLeod, 2001) in which a client's lived experience is 'transacted' into the language/stories 'for' the therapist and the therapist's lived experience is 'transacted' into his understanding and verbal response 'for' the client. The aim of this research is to see how this 'transaction' of suffering can be translated as part of a psychotherapeutic process not only from the intrapersonal transaction between socio-cultural embodiments and linguistic responses, but also from the interpersonal transaction between the therapist and client's experience of suffering.

2.6.2 Witnessing Therapist and Witnessed Therapist

We see clients as people who are ethically responsible to the Others in their life (Sayre, 2005). In psychotherapeutic practice, the one side of the transaction of suffering is based on the client's responsibility for the therapist as s/he is assuming the responsibility of a client who discloses him/herself in the therapeutic relationship. The client, in this sense, is put in the position as a sufferer whilst the therapist, from the very beginning of the first session, is given the responsibility as the only witness to the therapeutic condition.

The other side of the transaction of suffering is based on the therapist's responsibility for the client as a therapist uses his/her own experience of suffering to respond to the client's stories. In Laub's (1992, 1995) discussion of the 'testimony', he clearly presented how the listener shared and owned the experience with the suffering storyteller:

> When the emergence of the narrative from a client is listened to, the knowing of the experience of suffering is giving birth to …. By extension, the listener to trauma comes to be a participant and a co-owner of the traumatic event: through his very listening, he comes to partially experience suffering himself. The relation of the victim to the event of the trauma, therefore impacts on the relation of the listener to it, and the latter comes to feel the bewilderment, confusion, dread and conflicts that trauma victim feels….The listener, therefore, by definition partakes of the struggle of the victim with the memories and residues of his or her traumatic past. The listener has to feel the victim's victories, defeats and silences, know them form within, so that they can

assume the form of testimony.

For a therapist, Psychotherapy, as Gantt (2001) mentioned in his reflexive argument, is the practice of 'how "I" am called as the therapist' in which being the therapist suffers. On the one hand, as the therapist, the therapist assumes the role of witness as the experience of facing suffering is in its nature an unspeakable heavy burden in this relationship (Laub, 1992; Gordon, 1998, 2009; Schimid, 2004). On the other hand, the therapist bears his own suffering which is intimately embedded with the experience of understanding and responding for the client. In the psychotherapeutic relationship, the therapist also offers him/herself as the implicit 'sufferer' who is suffering 'for' the client. In this context, he offers the moral position in which his experience of suffering is witnessed by the client.

Accordingly, considering the inter-subjectivity of suffering and witnessing, when the therapist offers the ethical position of witnessing a client's experience of suffering, he offers the moral position of being witnessed in which the client is at the same time taking on their therapist's experience of suffering. Between sufferer and witness as well as between therapist and client, as Levinas discussed the 'saying' and 'said', where he stated that 'I exist through the Other and for the Other' (Levinas, 1981). In psychotherapy, the suffering client is witnessed and the development of the stories testifies to the therapist's unspeakable experience of suffering as well. Through the testimonial process of psychotherapy, suffering is transacted between client and therapist.

My own stories presented in the first chapter will serve as an example of the inter-subjectivity of suffering transaction. In my assessment room, when I saw how a

father looked after his lifelong disabled son, I thought of my father, who made the same choice of looking after his younger sister thirty years ago. I understood my client's suffering because his story awoke my memory of my father's own process. On the one hand, I witnessed my client's suffering through the process of our conversation. As the sub-context of the story is as much part of mine, on the other hand, he encountered and witnessed my experience of suffering in this conversation as well.

To explore the suffering experience of a torture survivor, Blackwell (1997) used Winnicott's concept of holding and Bion's term of containing to re-contextualise the inter-subjective suffering between therapist and client from a psychodynamic point of view. When a mother is dealing with a baby's emotions and behaviours, she is at the same time dealing with her own emotions evoked by them whilst the baby is receiving and internalising the mother's evoked emotions. The subtle emotional changes are implicitly embodied in the maternal interactions so that the baby could receive the subtle environmental changes from the mother's reactions of holding and containing. Like the mother in this context, a therapist holds and contains not only the client's suffering but also his/her own lived experience evoked by listening, and chooses a subject and an appropriate way to reflect onto the client his/her 'therapeutic' responses. In this margin between receiving and reflecting, the experience of suffering is transacted between embodiments and language, as well as between client and therapist.

Although there is a significant amount of literature which discusses a client's influences upon the therapist and vice versa (Bordin, 1979; Corey, 2009; Perlman &

Frankela, 2009; Adams, 2010), limited research regards the relationship between therapist and client as the context of the moral construction of suffering. With the argument that psychotherapy is an ethical practice (Gordon, 1998, 2010; Loewenthal, 2005; Laub, 1991; Kunz, 1998), this research of suffering transaction is to recount this inter-subjectivity of suffering by means of the exploration of psychotherapeutic process. Since experience of suffering is such a personal phenomenon, known only fully to the person who experiences how it is (Laing, 1969), it can be told, re-contextualised and thus understood by the one who is fully involved in the process of speaking and sharing the suffering. To study how experience is transacted in the therapeutic relationship, this research explores the moral context of witness suffering: not only from the client's experience of suffering which is testified by therapeutic practice but also from the therapist's own experience which also offers a necessary place of being witnessed in the relationship with the client. With an empirical and reflexive concern, the methodology of this research will be discussed in the coming chapters.

2.7 Summary of Research Area and Literature

In the first chapter, I told the story of my first encounter with a client's suffering which initiated my recollection about my own family history from a shared therapeutic environment. My therapeutic practice made me interested in the transaction of suffering, which although serves as an abstract margin between my client and myself, vividly connected my life history with my client's experience of suffering.

In this chapter, I have reviewed the literatures of an ontological and epistemological discussion of suffering. The main argument from these reviews was that suffering is in its nature unable to be conceptualised, defined and rationalised. It is subjective, empirical and thus is paradoxical. From an anthropological perspective, suffering should be constructed by its socio-cultural, historical, and political meaning and thus thought of as interpersonal rather than an independent experience of an individual. From reviewing Levinas's ontological discussion, suffering should be regarded as the process of moral construction between self and 'Other' in which through the suffering one has unavoidable responsibility for the Other and one is taking the responsibility for the Other. I connected Buddhist and Daoist epistemology of suffering from my culture and echoed the arguments that suffering is social and moral, which is in contradiction to the Western Cartesian consideration of suffering as the object of pain and disease.

I then defined 'suffering transaction', in which the lived experience of suffering is given its value and weight transacted between embodiments and language as well as between sufferer and witness. To explore the transaction of suffering, through psychotherapy, I defined it as the phenomenon that occurs through the mutual acknowledgements and understanding between therapist and client. Therefore, this research will explore the context of moral construction in a circulating procedure by looking at (1) how experience of suffering is illustrated by the therapeutic process; (2) how the context of suffering is understood by an 'Other'; (3) how a listener's experience of suffering is called and developed; (4) how the mutual response develops the dialogues and conversations of therapy and (5) how the therapeutic process gives testimony to the narrated suffering. The methodology of setting up

the research field, collecting data and analysing data will be presented in the following chapters.

Chapter 3 The Setting of Researching Suffering

3.1 Introduction: Discussion of the Data Properties

'Suffering transaction', based on the discussion of the last chapter, is designed to be discovered through actual therapeutic practice, such as that documented through my own practice as a psychotherapist. Since suffering has the property of being 'refused to be defined and conceptualized (Frank, 1995)', the objective of this research is not to present pragmatic evidence of suffering. Rather, from an empirical vantage point, I aim to represent the development of the language of 'suffering' as well as the 'transaction of suffering' processed by my therapeutic work. In this study, suffering will be acknowledged by and shown through the deepening dialogic interactions in psychotherapy, as presented through my practice and research.

In Western philosophical history, Aristotle used 'phronesis' to illustrate the knowledge formed by one's actions or praxes. This term is defined by 'practical wisdom' (Dunne, 1993; Noel, 1999; Flyvbjerg, 2001) in which one knows things by his or her effect on them. A research project investigating 'phronesis', according to Flybvjerg's term of phronetic paradigm (2001, 2004), goes beyond both analytical, scientific knowledge (episteme) and technical knowledge or know-how (techne), and involves judgments and decisions made in the manner of a virtuoso social and political actor (p. 5). Frank (2004) used the 'unfinalised dialogue of seeking the good' to describe this process of one's doing, learning and reflecting on what she or he has performed or inflicted on his or her own interaction with others. In Chinese

philosophy, the Confucian practitioner Yang-Ming Wang (1472–1529) also used the term '知行合一 *(zhi-xing-he-yi)*' to emphasise the 'knowing as the practice (Wong, 2004)'. For Wang[18], knowledge and practice are two sides of a coin as well as the reason for and purpose of the other.

Apart from the design of action research of exploring my therapeutic practice, this research develops my own subjective reflection into an ethical position: an active response to the gathered data of this study. As reviewed in the last chapter, a psychotherapeutic process can be proposed as the method of 'acknowledging suffering' in which the meaning of suffering is developed through the dialogic relationship between a therapist and client. In this ethical context between self-and-other, the researcher's subjectivity has its decisive position of research reduction (Ellis, 1996; Etherington, 2004, 2005; Speedy, 2008). According to Etherington (2004), a researcher's reflexivity offers a substantial space which is given to the exposition or deconstruction of the 'myth of silent authorship' (Charmaz & Mitchell, 1997). A reflexive reflection also offers an ongoing conversation about the experience of simultaneous living, active interpretation and questioning of how interpretation could come out (Hertz, 1997). In my therapeutic practice, I used my own lived experience to engage myself in a client's lived experience of suffering (Frank, 2001). A reflexive research position allowed me to occupy a reflective space of 'encountering suffering' in which the connection

[18] Both Aristotle and Wang developed the knowledge/practice as the ethical matters (Dunne, 1993; Wong, 2004). Aristotle assigned a central role to the ethical context of knowing and practicing (Dunne, 1993) whilst Wang extended the practical wisdom from the Confucian tome '*大學 (Da-Shue; Great Learning)*' that achievement of knowledge is '在明明德, 在親民, 在止於至善' (*Zai-Min-Min-De, Zai-Chin-Ming, Zai-Zhu-Yu-Zhi-Shan*), to disclose the virtue, to close to people, and to achieve the righteousness.

between myself and my client could be clearly contextualised and investigated.

This chapter will mainly focus on my research design and the ethical issues related to my research conduct. The structure is as followed: in 3.2, my research design will be introduced in which I will explain how I considered the property of my data and its generation. In 3.3, the setting of my fieldwork will be described. Readers will be invited to take part in the ethical consideration of a therapeutic practice field that took place in a city located in the middle part of Taiwan. They will be asked to think about the identities I possess in my work, the people with whom I interact and the medical institute of a Taiwanese hospital. Also, how and what I think of the recruitment of research participants in a research field will be illustrated. In 3.4, I will draw upon the research ethics. Focussing on institutional ethics, the ethical setting of this research and the process of applying for ethical approval for my fieldwork in Taiwan will be reviewed. Afterward, from a reflexive perspective, I will engage in a critical reflection of this setting in 3.5. Focussing upon the concern of 'ethics' I discussed in the last two chapters, I will finish this chapter by reflecting on the research 'ethics' by assuming different perspectives.

3.2 Setting up Data Generation

Counselling and psychotherapy, in this research, will be used as one socio-political concept as in Taiwan psychotherapy and counselling have not been developed as distinctive practice in medical field. For instance, as a clinical psychotherapist, I conducted a psychological intervention which was charged as 'behavioural therapy' and 'family counselling'. Since the fieldwork was set in the Taiwanese medical field

(which will be discussed later), assigning ‘psychotherapy’ and ‘counselling’ two distinct terms would not fit the socio-cultural and political reality of my research conduct; I rather make them as ‘one’ concept of encountering clients’ experience as ‘one’ item of medical service.

To set a psychotherapeutic or counselling practice as the research material, the qualitative data is traditionally taken from the conversation which occurs within the therapeutic interaction. Furthermore, since this study of ‘suffering transaction’ explores the inter-subjectivity of suffering from the perspective of myself and my clients, two sets of data intrinsically existed and each required further exploration. Each data set is the result of my fieldwork of direct face-to-face encounters with clients in Taiwan, where I was licensed to conduct therapeutic praxis. Therefore, the first data set I introduce is my client’s lived experience, which, because of the therapeutic encounter with myself as therapist, is contextualised into and becomes the narrated stories of his or her life. The second set of generated research data is taken from my implicit lived experience as a practitioner who engaged in active listening, understanding and responding to the dialogue of my client. This secondary set is taken from my ‘therapeutic supervision’ in which I myself was supervised by another experienced therapist which then helped my data of lived experience to become ‘narrated’ by engaging in another therapeutic relationship with my supervisor. This set of data will include the transcript of supervision along with my research journals and therapeutic records. To research ‘transaction’, a methodological goal I identified was to overly generalise the two sets of data while exploring the inter-correlation between them.

3.2.1 The Setting of my Counselling practice in CMUH

In this section, I will further describe my fieldwork as the therapeutic practice in my research field, while the ethnographic setting of my fieldwork will be represented later. As discussed above, in my research I generated and explored the transcribed conversations of my therapeutic practice, which contain client's stories of lived experience, as the first and second sets of my qualitative data. In what follows, I will further describe the interaction between myself and clients in a therapeutic research setting.

The fieldwork was conducted in the Chinese Medical University (CMUH) in Taiwan, where I worked from 2001 to 2005 as a paediatric psychologist and psychotherapist. My practice, except for neurological and developmental assessments for pre-school children, included psychological intervention, family counselling ad psychotherapy. As working with the children traumatised by the 921 earthquake, since 1999, I was trained as a child centred play therapist. To work with children, I used play and games as the media for therapeutic works. Combined with cognitive and behaviour therapeutic skills, in the paediatric department, I sometimes designed tasks for children. Sometimes, I let them freely develop their play with me. Most of the time, I played with them by reflecting on their feelings, actions and intentions, as well as my relationship with them. To work with a family, I presented myself as a medium to connect children's responses with parents. I facilitated interactions between parents and children in the process of therapeutic sessions, and, influenced by narrative therapy developed by Michael White and David Epstein (1995), I empowered both parents and children's ambition of securing the relationship with each other.

In CMUH, the standard time frame of counselling practice with an individual client, when it is presented as free service especially in the institutes of volunteer counselling and universities, usually takes place in eight to ten sessions. As in accordance with the standardised structure of short-term counselling in the Taiwanese medical structure, I also set up my research fieldwork of therapeutic practice to take place in eight sessions, an hour per session and a session per week. If a client needed more sessions, my practice and our interaction could be prolonged, depending on our discussion in the final two sessions. In the period of conducting this fieldwork, two clients, a father and a mother, were recruited and the process of meeting them will be carefully presented in Chapters 6 and 7.

As discussed above, data were taken from the transcription of my therapeutic sessions and I did this transcription myself. Before sessions formally began, a one-hour session was arranged in which I carefully explained to clients that their participation in my research would not influence their rights in counselling and relative medical service in CMUH. Furthermore, I relayed that they were not responsible for the success or failure of my data collection and they could refuse to offer their counselling scripts to my study in and after the period of counselling practice in CMUH.

When all sessions were over, the finished transcripts were handed to both clients in order to acquire their validation of my further analysis abroad. Therefore, I finished my transcription of all sessions before returning to the UK so that I could acquire validation of using the therapeutic works as my research data. After emphasising again the careful protection of the data and the anonymity of the relative others when I left Taiwan, they agreed to the further analytical work of our data in

Scotland.

3.2.2 The Setting of Therapeutic Supervision

As stated earlier, the other side of my data concerning 'transaction' in counselling practice is the data from myself, which includes not only the context of my therapeutic intentions but also the background of my own lived experience which causes my intentions and attitudes that are involved when facing people. The investigation of this therapeutic 'implicit context' has a rich history of setting as being 'therapeutic supervision', in which a therapist builds up a relationship with another experienced therapist and explores his or her therapeutic intentions towards clients (Goodyear & Guzzardo, 2000; Knox, Hess & Hill, 2003).

In this research, I set up 'therapeutic supervision' as both the psychological and clinical support of my therapeutic practice in Taiwan, and as a way to articulate my own lived experience evoked by my encounter with the other's experience of suffering. To set up my therapeutic supervision in Taiwan, I successfully sought my ex-supervisor, Professor King, who is the ex-dean of the department of counselling and guidance in Taipei Normal University and an existentialist therapist who has over 30 years experience of counselling and teaching. After consideration of the practical period with clients and discussion with Professor King, in the period of data generation, we had a total of six sessions of therapeutic supervision arranged in his offices in Taiwan Normal University in Taipei and Chi-Nan University in Nantou. Like the counselling sessions, these six supervisory sessions have been audio-recorded and transcribed by myself. The transcription was made in Chinese.

Between Chinese and English, the translation and transformation of meaning will be discussed in 3.4.

3.3 The setting of Fieldwork

My fieldwork was conducted in the Parenting Consulting Centre in the paediatric department of the Chinese Medical University Hospital (CMUH) where I worked as a clinical psychologist. Two main benefits of this setting were considered. Firstly, since I worked in this institute and was familiar with its clinical service, I could confidently use it as a resource to recruit participants who fit this study. With my understanding of the diagnosing procedure within this context, I could be more easily engaged in a participant's medical experience and its connection with their everyday life.

Secondly, a hospital itself is an institute with a bureaucratic body. Understanding the bureaucracy enabled me to offer continuing medical help to my participants even 'after' the fieldwork was over. For instance, when this fieldwork finished, although the research relationship would end, my participants' needs for medical resources could still remain. Since counselling/psychotherapeutic practice itself could enhance or activate the persisting needs of my client's children, the fieldwork in its process could create new ethical concerns because some children's developmental problems are chronic and life-long. If a client was aware of their need for new medical resources because of my counselling and research conduct, after leaving the research field, I had the responsibility of coping with their needs which could have been facilitated by my research conduct. Considering the further issues caused by this fieldwork, as a previous colleague of CMUH, I could use myself

as personal resource and offer help in this bureaucratic system. For example, I could help by referring a client or his/her child to other therapists or paediatrics, while also preventing my limited engagement from being an abrupt and disruptive interaction that took place just for research purposes.

For me, this fieldwork could be simply the return to my original work place and positions. However, to work as a researcher, in 2008, two main ethical conditions had to be sorted out. The first was the permission from the institutional review board (IRBs) in CMUH which examines the ethical application from different disciplines of research. The second condition was the permission of my clinical work in Taiwan as I had left my work for three years. According to Taiwanese Clinical Psychologist's Law, I would have problems with conducting this work as I did not follow up on my psychologist's continuing education for over three years. As a result, I either needed to attend the courses and acquire the required amount of annual educational credits, or I needed to work in an internship while being supervised by a qualified psychologist. Since I could only stay in Taiwan for few months in 2008, I chose to pursue the latter option and arranged to work in the Parenting Consulting Centre (PCC) of Paediatric department with my previous colleague's supervision.

3.3.1 The Chinese Medical University and Parenting Consulting Centre

My research field, China Medical University Hospital (CMUH), is a medical centre established in Taichung city in 1980. Attached to the China Medical University (CMU), CMUH is situated in the city centre of Tai-Chung, the largest city in the

middle region of Taiwan and is well known for its medical service of Western and Chinese medical integration. Since 1995, as the peripheral and highway transport system was gradually finished, CMUH took advantage of transporting the integration population and developed fast from a local hospital to a medical centre which services the residents not only in Taichung but also in rural areas like Miao-Li, Chang-Hua and Nan-Tou country. In 2009, it had become one of the biggest hospitals which contained 2036 beds in various departments and 575 physicians, 587 medical technicians, 1530 nurses and totally 3834 members in this big medical institute.

In the eight buildings for different medical practices, the paediatric department uses one 11-floor building as the 'Children Medical Centre' for the purpose of outpatient and inpatient services as well as academic and practical training. The service of Parent Consulting Centre (PCC), established in 1999, is attached to the paediatric department. The patients' medical benefit is calculated according to the Taiwanese social welfare policy of 'early intervention', in which pre-elementary children (the age before six) participate in the free medical service of their physiological rehabilitation and psychological intervention. A paediatric neurologist, Dr. Huang-Tzung Kuo, one of the most influential persons who facilitated the birth of Taiwanese social welfare policy of 'early intervention', organised this centre with the team of neurologists, psychologists, social workers and special educators. Between 2001 and 2005, I worked in this centre and in 2008 this study was conducted here as well. As he was the main person who was responsible for the affairs in my research field and who authorised me to conduct the fieldwork, Dr. Kuo became the 'gate keeper' of my research.

3.3.2 Gate Keeper: Dr. Huang-Tzung Kuo

Dr. Huang-Tzung Kuo, a medical doctor of Munich University in Germany and the dean of the Department of Children Behavioural development in CMUH, is the current director and manager of the Parent Consulting Centre (PCC). In PCC, most of the patients who were under six years old and required psychological evaluation and intervention were referred by him. In my work between 2001 and 2005, I was trained under his supervision and gained clinical knowledge and techniques, integrating my learning into interventional and therapeutic affairs. In this period, we defined our supervisory relationship not only as being between boss and colleague or teacher and student, but also between friends.

Accordingly, my previous working experience and the relationship with him could therefore make this research easier to conduct in Taiwan and in the existing bureaucracy of the PCC and CMUH. Working again in this field, I entered the power structure in which I had before worked. Dr. Kuo, as the gatekeeper of this fieldwork, took responsibility for monitoring not only my clinical performance but also the research procedure performed in CMUH. The participants of my research were referred by him and so he was the first person who contacted the participants of this medical service. Under his supervision, after ethical approval was authorised by the Institutional Review Board and my clinical work in PCC was ready, I started to recruit my participants in March of 2008.

3.3.3 Research Participants

Recruiting participants, in this research, had its socio-historical and political

background. In 2001, the Law of Psychologist was established in Taiwan and the establishment formally professionalised Taiwanese psychotherapeutic praxis. However, because of the limitation of social and medical policy, the profession of psychotherapy was still dominated by psychiatric practice. Politically, in a hospital, the service of counselling and psychotherapy was still mainly supported by annual social-welfare projects from the Taiwanese government. As they are considered part of the medical field, psychotherapy and counselling often incorporate medical language; therapeutic practice in these field are subsequently often termed as the 'medicine', which is taken from Western language, and implies a 'healing' of mental 'disease'.

The participants of this research were focused on the parents who sought medical service for their children's psychological and developmental problems. However, the socio-cultural context of 'psychotherapy' is concerned because this can be a process of stigmatisation. It is common in this field for counseling and therapy to be labelled as only being for people with 'problems'. If someone seeks mental medical service, the records from their treatment can threaten one's work and interpersonal life. In Taiwan, the terms 'illness' and 'recovery' acquire their cultural meaning from religions, folk shamanistic and oriental medical domains (Kleinman, 1987, 1996). To cope with a 'disease', according to Yee (2005), one's social background, financial status, education and family structure influence an individual to seek certain help for his/her own psychological issues.

In the ethnographical background of my research, recruiting a participant for counselling or psychotherapeutic study had to involve consideration of its sociocultural and political contexts. In my case, the fieldwork of this study was

conducted in the PCC of CMUH in which the patients were mostly children with neurological, psychological and social developmental problems. In fact, from my empirical experience through my work, a significant number of these families were from the lower social strata and thus medical counselling and psychotherapeutic services were very seldom used because folk/religion resources within our society provided them with the majority of their psychological healing and support.

In my research, the major concern of selecting a 'proper' participant was not only to choose the participant whose lived experience complemented the focus of this study but also to find a person who was willing to talk about his/her experience of life (Laverty, 2003; van Manen, 1997). Since this study focuses on inter-subjective reality rather than objective causality, research concepts like validity and reliability were not factors in deciding the number of participants. Rather, how the research data, the context of suffering, could be developed and generated by the genuine encounter between myself and participants was the core consideration of this fieldwork. In this context, since psychotherapeutic practice itself explores one's lived experience 'deeper' through interactive sessions, I determined that one or two participants were enough for this research as my practice was focussed on the complexity and richness of the researched phenomenon.

The way in which I recruited my participants was intentional. In CMUH, if a child needs to be referred to a clinical psychologist and requires further treatment, the caregiver has to first begin with a paediatric neurologist who can arrange for additional evaluations such as electro-physiological or psychological assessments. Therefore, as a practitioner in the room of assessment, I could have my first encounter with a patient who was looking for clinical/psychological help while I

conducted the developmental evaluation. Following institutional ethics, this was also a chance to engage in listening to patients' stories, evaluate myself and explore whether I could use my counselling skills to help the parent in the limited period and sessions.

Accordingly, through my work as a clinical psychologist in PCC, I began to search and recruit participants who were the parents of my evaluated child. Then the data was brought back to Scotland for further analysis. In the period from the beginning of March to the end of June in 2008, a mother, Hui-Yu, and a father, Tai-Ya, were invited to participate in this study. The details of this process will be presented in later chapters where I discuss each participant and my relationship with them.

3.4 Research Ethics: The Concerns and Reflection

Two institutes, the ethical committee of University of Edinburgh and Institutional Review Board (IRB) of CMUH, examined and approved this study. These two bodies have different political contexts and cultural perspectives regarding 'research ethics'. In this section, I discuss the main concerns of the institutional ethics or the 'procedural ethics', which caused me to seek approval from distinct relevant ethics committees in order to undertake this research (Guillemin & Gillam, 2004) .

In November of 2007, when the proposal of this study was approved by the University of Edinburgh, I then worked to acquire ethical approval in CMUH, in which the project had to be examined and approved by the Institutional Review Boards (IRBs) in the CMUH. The ethical approval by IRB was from the United States (Richard & Huprich, 2009) and legislated as 'IRB benchmark of Medical institutions,

organizations and operations[19]' by the Department of Health, Executive Yuan in Taiwan since November of 2003. Under its regulated procedure, my proposal along with the ethical guidelines of IRBs in both the English and Chinese editions were sent and examined by its committee, which was organised as a group of 7 to 21 members. They were mainly medical professionals, non-single gendered, over 1/3 of them professionals of law and social work and more than two of them being professionals who were not from CMUH[20]. After asking to enhance the pragmatic approach of my research conduct, this project was approved in February 2008 and began its data collection from March to July 2008; the ethical approval application form is been attached in appendix 1.

According to the *Framework for Good Practice in Counselling and Psychotherapy* (BACP, 2002) and *Ethical Guidelines for Researching Counselling and Psychotherapy* (Bond, 2004), a researcher of counselling and psychotherapy has been offered the baseline to manage five axes of ethical consideration: (1) to build up trustworthiness within the fieldwork, (2) to monitor the potential risks associated with research, researcher him/herself and participants, (3) to establish and respond to the relationship with participants, (4) to concern research integrity of data collection, analysis, publication and dissemination, to be reflexive in regards to the competence of the research design, plan and conduct, and (5) to consider how the governance requirements are applicable to the research being undertaken. According to these guidelines, the relative ethical issues which fit with the standards of institutional ethics will now be discussed.

[19]醫療機構人體試驗委員會組織及作業基準:http://www.cmuh.org.tw/irb/
[20] http://www.cmuh.org.tw/irb/

3.4.1 The protection of participants

My research was conducted after a full explanation of the therapeutic and research process I planned to undertake and after gaining two clients' consent, in which the information of the rights to privacy, safety and confidentiality were carefully discussed. In addition, the committee in CMUH, University of Edinburgh and clients required that the description of my research process had to be presented in both Chinese and English. In addition, the participant consent form was also submitted to the institutes and clients in the both languages (Appendix 2). After I acquired the necessary ethical approval, I arranged an appointment with both clients so that I could further inform them of the settings of counselling sessions and research procedure in person and provide them with the opportunity to have any questions answered.

In the process of data generalisation, part of what took place in my therapeutic sessions with research participants was required to be reported to the institute supervisor, Dr. Kuo in CMUH, in order to confirm and monitor my research and working progress. For the same purpose, all qualitative data from my work with clients, including the Chinese transcription and English edition of my therapeutic journal, was read by my therapeutic supervisor in Taiwan and research supervisor in Scotland. For further analysis and investigation, the names of both clients and the people in their stories were kept anonymous. The audited files, transcripts and copies were saved in my personal space where only I could access it in both CMUH and the University of Edinburgh.

3.4.2 The Management of Researcher's Self-protection

The ethical concern of 'protection' in qualitative research should not only focus upon participants but also therapists, because psychotherapeutic practice could also cause risk to the therapist him/herself (BACP, 2002, 2004; Bond, 2004). This section is about how I managed the potential risk towards myself while conducting my research of psychotherapy and counselling (Bond, 2004).

Being the therapist, for instance, I was put in a functional position like a 'silent container' in which I had to hold the generated emotions and enable them to be developed in my body. The 'contained' emotions for a therapist could become a self-defeating force and can cause 'burnout' experienced by the therapist him/herself (Abrahams, 2007). My work with homeless children in the 921 Earthquake in Taiwan was a demonstrative example. As disclosed in Chapter One, I suffered from self-criticising and self-devastating thoughts as I felt helpless by my inability to work with and provide help for them. From that experience, I assumed that my experience could be recalled by participant clients' narration of suffering because I had to immerse myself in the experience of suffering 'with' them (Gantt, 2002). When clients are telling stories that involve stress, sadness, depression or shame, as the therapist, I am also exposing myself to the same condition with a similar contextualised experience of suffering.

Like many counselling studies about traumatised clients (Abrahams, 2010), in this study, the research setting of supervision provided protection from the risk of injury to therapist him/herself. For me, the therapeutic supervisor in Taiwan could firstly give immediate advice and swift support when I was engaged 'too' deep in clients'

or my own emotional experiences, whilst therapeutic supervision also helped me to explore what the 'too-deep' engagement could mean to me. Thus I theorised that I could more 'deeply' reflect on my lived experience when responding to clients' stories of suffering.

In the University of Edinburgh, my research supervisors helped me be reflexive as I evaluated the context of my analyses in which I related my lived experience with each client's life history. Also, in the same way as my therapeutic supervisor offered me immediate support, I could find immediate feedback and support in Scotland when I was re-exposed to the crisis through re-working my lived experience of suffering in the further analytic research process. By means of the dialogic exploration I embarked upon with my supervisors, the potential risk could therefore be transformed into a possibility of self-exploration and thus I could further investigate my lived experience of suffering. Simultaneously, the risk of exposing myself to danger could then be managed and minimised.

3.4.3 The Reflection and the Management of My Multiple Roles

In this study, I had to manage the multiple roles I played in relation to my participants: I was their individual counsellor, the therapist for their child in the psychological intervention and the researcher of their life history. Also, culturally, I was positioned as the 'teacher', a specific moral role in oriental society, while also being a researcher who aimed to generate data with/through them. With the multiple relative responsibilities of being a therapist, teacher and researcher, through my therapeutic encounter, I generalised, collated, analysed and published

the data from my clients' confidential stories to compose their thesis representation. At the same time, my clients also played additional roles than solely being participants in my research. In these multiple relationships which took place within a socio-cultural context, the way the research conducted itself could have caused a risk of encroaching upon my clients' confidentiality, because a responsibility of one of my distinct multiple roles could contradict with another (King & Wheeler, 1999). To cope with this intrinsic 'dual-role' ethical conflict, a researcher needs to seriously reflexively reflect on its contextual development and seriously examining the process of data generation (McLeod, 2011; Bond, 2007)

The process of seeking for my participant's consent was apparently an example of this 'dual role' conflict. The participants' consents were sought in an independent session before our formal counselling services and children's psychological intervention, in which I carefully explain the needs of this study and the uses of the transcribed data. Also, I clearly discussed with them about the protection of their confidentialities by utilising anonymity and the protection from my therapeutic and research supervision. Within an-hour free session of talk, the participants were informed the use of counselling service in this study, and signed the consent form (Appendix 3).

As discovered, this research work was conducted in a medical space and intrinsically I interacted with my participants a medical profession. The consent form, which was signed as a contract, was conditioned socio-politically when participants urgently needed their child's psychological intervention. As a researcher, in a critical perspective examining the process of searching for client's consent (Gans, 2002) although I could try my best verbally to protect my participant's privileges of the

demanding medical services and their freedom of accepting my research purposes, however, the pre-existing political condition had caused the power difference between us in which, non-verbally, the participants had to embody the fear that saying 'no' could cause the loss of their child's treatments. For this power difference caused by the current Taiwanese medical reality, as the researcher, non-verbally, I could only reflect upon the awareness of this implicit power struggle which is caused by my implicit another role as therapist (McLeod, 2001, 2005).

My therapeutic and research supervision in Taiwan and Scotland helped me reflect upon and manage the 'dual role' conflicts. In Taiwan, the supervisory dialogue helped me foresee crises when the counselling contexts were developed relative to my research aims. In Scotland, to subject clients' data to collation and analyses, my research supervisors helped me reflexively contextualise my dual-role experience of conducting this fieldwork. In this sense, in addition to manage the protection the client's confidentialities, the socio-cultural and political meaning of not only my therapist-researcher roles but also my clients' patient-participant positions could be genuinely discovered. In 3.5 and 3.6, more reflexive points of ethical consideration will be further discussed.

3.4.4 The Translation in Two Different Languages

In the two different political environments of CMUH and the University of Edinburgh, not only did the literal meanings of my data need to be translated, but also the socio-cultural and political symbolic meaning also had to be transformed into two languages. Since I am not a native English speaker, ethical problems were

also raised by this process of translation and transformation: How could I make sure that I used the 'correct' words to interpret client's lived experience? How could I relate and analogise my clients' context of his or her local socio-cultural background with mine? How could I ensure that my translation in English did not lose its original Chinese meaning? How could I manage the 'accuracy' in using the two different languages between the two different political institutes?

Throughout my period of fieldwork in Taiwan, to monitor the research process, I continuously updated my research diary and discussed the data process with my research supervisors at the University of Edinburgh. This process enabled me to initially translate my work from Chinese to English and also re-structure the context of my work into a different symbolic system. My supervisors at the University of Edinburgh were the first English audience for my research and therefore I could interact with them in the English linguistic framework while I finished each research session of my therapeutic work in which I utilised the Chinese language.

To transfer the data from generalisation to analysis, my relationship with my proofreaders in this study was important because I needed to keep the 'original and genuine' meaning of each client's words and context throughout their linguistic transformation from Chinese to English. One of my proof readers has a major in translation from Chinese to English and another is a native English speaker. Through a number of discussions with them, my data analyses and the transformation of the raw scripts were kept in a managed or manageable condition so that the original 'meaning' of discovered phenomenon could be retained in the final edition of English work.

3.5 Practical Ethics: The Critical Ethical Concern

To monitor the potential crisis of a research conduct, institutional ethics become the essential consideration for a research project of social science like mine. However, as discussed earlier, the socio-cultural and political context of research also needs to be considered and could not be 'pre-estimated' before the research is actually conducted. Institutional ethics is never enough when conducting a study which involves interpersonal relationships and stories (Ellis & Bochner, 1992; Ellis, 2007; Frank, 2004). Beyond institutional ethics, except for baseline ethics as discussed by Bond (2004) and BACP (2002), another level concerning ethics **'in practice**' mentioned by Guillemin and Gillam (2004) or the '**situational ethics**' by Goodwin et, al. (2003) should also be considered when a researcher is actively dealing with the unpredictable, subtle, yet ethically important moments that come up in his or her fieldwork. In this study, the ethical issues were generated and developed through my relationship with my participants, and therefore the potential risks could be caused by my research and therapeutic approach 'with' and 'for' them. Considering the multiple relationships and responsibilities between myself and my clients, which has been explored in this section, the issues relative to the practical ethics of my fieldwork in Taiwan will be further discussed later.

Guillenmin and Gillam (2004) suggested the concern of 'ethics in practice' to be the everyday ethical issues generated in the process of doing research with human beings. These sorts of 'everyday' ethics were regarded to be seemly unimportant interactions to participants but pushed researchers into the 'micro-ethical dilemma' of the research relationship, as discussed in the given example:

> There are many more immediate ethical concerns. The researcher has to decide how to respond to what [the participant] has said. Does the researcher let the disclosure pass or take it up in some way? And in what way- what words to say, what tone of voice to use? Turn off the tape recorder or keep it running? Abandon the interview plan or try to return to it? Off to discuss the situation or offer to help in some way? These are the issues about the ethical obligations a researcher has toward a research participant in terms of interaction with him or her in a humane, non-exploitative way while at the same time being mindful of one's role as a researcher. (Guillemin & Gillam, 2004, p. 264)

Guillemin and Gillam (2004) used 'ethically important moments' to explain how the research approach taken or the decision made has important ethical ramifications, whilst the researcher 'does not necessary feel himself or herself to be on the horns of a dilemma (p. 265)'. They suggested that a researcher incorporates reflexivity into his/her fieldwork to achieve awareness of the day-to-day basis of the situational dilemma (Goodwin, 2003). For me, I used my reflexive ethical application at CMUH and in my work with clients as an example which illustrates two 'ethically important moments' of the particular way I conducted my research. In 3.5.1 and 3.5.2, I will further explore my application of IRB and my commitment to my clients due to this research conduct.

3.5.1 Institutional Review Boards in CMUH

To apply for ethical approval in a medical institute is a political process, because the approval is given by the ethics committee and is related to the members of that

committee. Especially in medical institutes like CMUH, the members were composed by mostly the medical and scientific researchers. Their pragmatic and quantitative based perspective could present contradictive ethical concerns to a qualitative researcher like me. For me, the application for 'Institutional Review Boards' (IRBs) in CMUH was a conflicting experience. IRBs in CMUH is not translated from its original English context but named as '人體審查委員會 (the committee of human body experiments)' because it is mainly used when examining projects involving advanced medical techniques, medicine and clinical experiments. To apply for this approval, my application was intended to convince the committee that the psychotherapy performed in this study was not harmful and could prove beneficial to research participants. In this context, the term 'psychotherapy' or 'counselling' in my application was therefore analogised to be a medical technique, medicine and clinical experiment to be performed upon a 'human body'. I also had to analogise my research conduct as an potential 'invasion' (treatment) of the human body and thus the therapeutic and counselling 'techniques' needed to be presented in order to actualise its positive effects of improving patients' 'clinical symptoms'.

This medical analogy caused two conflicting experience to me in acquiring approval of the research conduct from the CMUH. Firstly, this IRBs' examination of a research project was based on the hypothesis-proof rationality which did not fit the methodological/ontological framework of my project which was based on the empirical exploration of human lived experience. Secondly, in this political setting, I had to present psychotherapy to be a term of medical technique which could cause 'harm for the human body', which is contradictory to my comparatively radical belief that through psychotherapy I am working with a human being but not solely

one's body. In my application to IRB, 'suffering' had to be regarded as a parent's measurable emotion of depression, fear and anxiety which were all due to the difficulties created by their child's disability. In short, to be approved, I had to change the empirical-based description of my research setting to another language which was based on the positivist setting of the fieldwork.

Accordingly, in the application form to IRBs, I had to revise my research proposal with a more positivist focus on how I would engage myself in a client's experience of suffering. I re-identified psychotherapy as the medical technique, defined how suffering was related to human psychological status in paediatric clinical work, added the information regarding person centred and narrative based approaches of psychotherapy, explained its expected clinical application on psycho-social support to a family with disabled child, and re-examined the low possibility of injuring human body and mind. Ethical approval in CMUH, in my case, became an examination of proper political language and appropriated translation which I had to demonstrate in order to enter the door of this medical environment. To conduct my fieldwork, institutional ethics had to be politically considered prior to practical ethics. To enter the research field, I also had to accept that the ethical issues needed to be acknowledged by the positivist focus of this institution, despite the empirical concerns of psychotherapeutic practice.

3.5.2 An Example of the Practical Ethics: Tai-Ya and Kevin

In the period of fieldwork, I arranged children's psychological evaluations, each child's intervention as well as the parent's counselling, and then chose the

participants of this research. Between participants and myself, there is a significant power difference in which, as a medical professional, I have more pathological knowledge of a child's development and more medical resources of treating the child's problems. During the therapy sessions, I had a clear aim of re-connecting them with other social support so that when we end our therapeutic relationship, the treatment could continue.

However, as discussed, a medical disease could cause local or cultural stigmatisation to the patient's family. To cope with a long-term disease, a patient and his or her family could choose folk or medical resources but using medical resources for the further treatments required a great deal of confidence and courage (Kleinman, 1981), and therefore my client's ambition was highly related to the quality of our therapeutic work and the 'depth' of our relationship (Rogers, 1967; Cohen, 1986; Mearns & Cooper, 2005). In this kind of work that is based on a parent's decision concerning his or her child, an ethical problem could happen: if my fieldwork is finished, would the willing use of another service be influenced by my departure? On the one hand, if the participant is not yet confident enough of our medical service but I feel that the child's intervention should be continued, should I insist upon my suggestion since the child would otherwise stop his progression because of my leaving? On the other hand, if the participant is willing to continue on with the medical service but our society had no resource for him/her, what should I do when the fieldwork itself has created the need for our interaction?

The participant Tai-Ya, an autistic boy's father, was an example that my fieldwork with them created new 'ethical concerns' re-generated through our deepening relationship. While his stories will be presented in detail in Chapter Six, I will now

speak about my experience with this participant in order to illustrate the ethical implications of our research relationship. My sessions with this participant began with his accusation of our 'unkind society', in which Taiwanese society had no ability to enable a father like him, who lived in a rural region with very limited medical resources, to save his son. With disappointment regarding his son's medical reality, he even refused his son's diagnosis and the relative medical support, but after a long period, his disappointment changed to fear, anger, and self-condemnation and the feeling that he had made a wrong decision about his son. Therefore, he 'surrendered' to the reality and had to come back to medical help with regret.

Facing the son labelled as 'autistic with moderate developmental retardation', I arranged the psychological intervention which aimed to improve the boy's social and cognitive ability, together with a special educator's cognitive intervention. Also, facing Tai-Ya's complicated emotions of suffering, we arranged eight sessions which focussed on his relationship with his son.

In the period of this therapeutic work, his son made obvious progression and he again became confident as he continued his cooperation with medical professions. However, therapy itself had therefore become a pressure which gradually activated Tai-Ya's anxiety, as I realised that the end of our therapeutic relationship might cause the possibility that he would not be able to find a proper therapist and maintain his son's progression. In the area where he lived, finding a place and person for continuous intervention was difficult. He worried that his son's progression would stop.

Tai-Ya's anxiety had its social, political and geographical reasons which will be

discussed in later chapters. However, for Tai-Ya, what my fieldwork had created was not only the ongoing need of the medical support but also the need of a trustful relationship with a medical professional. In Levinas's (1969) context, we had reconstructed the ethical context of the responsibility 'for the son' but the end of our therapeutic relationship had also repositioned Tai-Ya in the crisis in which he might not be able to take/assume this responsibility with the existing resources that surrounded him. Because of this socio-political reality, the end of my fieldwork could have meant a compulsive termination of a father's willingness to help his son, and could create a dramatic violation of my practical ethics.

In other words, my therapeutic practice redeveloped the ethical context of my responsibility for them. Since my fieldwork recreated need, I had to expand the limitation of medical resources and continue his son's psychological intervention as an act of my responsibility for and to them. Therefore, from my own social professional network, I found a therapist who could do Tai-Ya's son's intervention in Taiwan; we arranged a session for him to observe the son's psychological intervention. After I returned to Scotland, the therapist kept on my work with Tai-Ya's family and Tai-Ya could continue to help his son within the context we had reconstructed through his encounter with me.

Tai-Ya's example has showed that, as a result of conducting research fieldwork as a therapist, the issue of 'ethics' should not be considered as only a method of management by a governing institution such as IRBs. Rather, ethics, as Guillemin and Gillam (2004) discovered, should be regarded as the ongoing action in research, rather than the evaluated result produced by ethics committees. In this context, practical ethics can be regarded as the reflection upon Foucault's 'technology of

self', which is the praxes 'where individuals perform operations on their bodies, psyches, thoughts or souls so as to construct the way of being by their own means of the help of others' (Sewell, 2005, p. 92). Precisely, in terms of 'practical ethics' ethical issues could not be predicted and pre-managed. It was acknowledged through the therapeutic praxis with my clients and known by myself, in which I 'knew' the transcendental reality and responsibility between myself and others. These issues will be further discussed in the later chapters discussing my work with clients.

3.6 The Relational Ethics and Practical Ethics

Apart from situational ethics and practical ethics, Carolyn Ellis (2007) argues that ethical issues could be manifested by the developing relationship between researcher and the participants. From the interpersonal perspective, Ellis (2007) articulated the third line of '**relational ethics**' which recognised 'mutual respect, dignity and connectedness between researcher and researched, and between researchers and the communities in which they live and work (p. 4)'. The relational ethics can be related to Levinas's (1969, 1985, 1995) term of the responsibility for the 'Other' which is the inter-subjective context co-developed by researcher and participants.

The dimension of the 'relational ethics', according to Carolyn Ellis (2007), was closely related to an ethics of care (Gilligan, 1982; Noddings, 1984), feminist ethics and feminist communitarian ethics (Denzin, 1997, 2003). Cited from Ellis (2007), Slattery and Rapp (2003, p. 55) describe relational ethics as doing what is necessary

to be 'true to one's character and responsible for one's actions and their consequences on others'. Relational ethics is subjective, which requires researchers to act from our heart and minds, to acknowledge our interpersonal bonds to others, and initiate and maintain conversations (Bergum, 1998; Slattery &Rapp, 2003; Ellis, 2007). Echoing Levinas, relational ethics queries a researcher him/herself how we act and interact in a 'humane, non exploitative way, while being mindful of our role as researchers' (Guillemin & Gillam, 2004, p. 264). It is a researcher's developing awareness of the responsibility for the other.

Ellis (2007) used an example of her auto-ethnographical study to explore her relationship with participants, in which she asked a core relational question: Can a participant be friends with the researcher? In her work in 1992, she reflected that a participant regarded her as a 'good friend', as she is 'someone to talk to, to depend on and rely on for help, support, and caring, and to have fun and enjoy doing things with (p. 10)'. However, in her critical reflection (1986), she was not a 'real' friend because her care was conditioned to the space, field and time. In qualitative fieldwork, Goffman (1989) mentioned that a researcher 'tries to subject himself, hopefully, to participants' life circumstances' and 'wants to be close to participants while they are responding to what life does to them'. In Gans' (2002) argument, a researcher is to 'be friendly but not friends with those you study'. Being a 'friend' with participants is always the ethical issue developing through the research interaction.

However, Tillmann-Healy (2003) suggested that friendship is a method in ethnographic studies as it promotes researching with an 'ethics of friendship, a stance of hope, caring, justice, and even love'. Cited from Ellis (2007), Tillmann-

Healy argued that ‘friendship’ is ‘neither a program nor a guise strategically aimed at gaining further access. It is a level of investment in participants; life that puts a fieldwork relationship on par with the project’ (Ellis, 2007, p. 13; Tillmann-Healy, 2001, p. 735). A researcher and friendship role should weave together, expand and deepen the other because s/he has the potential to affect participants’ lives more than a stranger might (Ellis, 2007, p. 13). Since research with human beings develops the relational responsibility between a researcher and participant, a researcher’s use of reflexivity while developing a relationship with participants shows how the responsibility ‘for the other’ could be developed, which should be regarded as the core of the relational ethics.

In the field of psychotherapy, beyond the mutual responsibility between therapist and client, the therapy itself should be regarded as the practice in which not only client but also the therapist is engaged in an intertwined ethical reflection of the relationship ‘with-an-other’ (Gantt, 2001). Following Ellis’ discussion, ‘reflexivity’ is the way in which the ‘relational ethics’ could be acknowledged. In a therapeutic space, when and how did I regard my participants as a participant, client and friend? In therapy, how could the relationship with and responsibility for each other be developed? In subsequent chapters, I will continue to discuss this context of relational knowing from the ethical point of view, which has been introduced here.

A relationship in psychotherapeutic practice and qualitative study is not developed as a single line. Rather, it is often developed intertwined. In the example provided in 3.4.2 of my relationship with my participant Tai-Ya, a question that had often emerged was whether I conducted this fieldwork purely due my responsibility as a researcher and psychotherapist. The answer was **no**, because my anxiety, pleasure,

happiness and worries for them were so real and genuine in the interaction with him and his son. What I was dealing with was not only the moral boundary of the relationship between a researcher and participant, a therapist and client or the Chinese cultural sense like a teacher and student, but also a kind of blurred boundary of a relationship that closely resembles a real friendship. After all, the relationship would not be terminated by the research or counselling actions; rather, it could go further beyond the point in time when this research has finished.

Accordingly, the 'relational ethics' in my study is not relating to the certain ethical rules like IRBs or to the practice itself; rather, it is relating to my reflexivity of my therapeutic practice and relationships with my clients. The context of 'relational ethics' is the core ethical concern of this research, which will be continuously explored in the rest of this thesis.

3.7 Summary

In this chapter, the research design for generating my research data has been represented, in which I went back to Taiwan for the fieldwork and used my counselling sessions with two clients as the data source of this study. With the setting of therapeutic practice in CMUH, two sets of data were formed: one from the transcript of therapeutic sessions and the other from my transcribed supervision. Within the discussion, I reviewed the ethical issues which would be caused by the setting and my research conduct. From the report of my ethical approval in Scotland and Taiwan, I started the discussion of institutional ethics, in which I presented my ethical concerns required by IRBs in CMUH. Also from a

critical point of ‘practical ethics’ and ‘relational ethics’, I have articulated two different perspectives to consider the ethical issues arising from my practice with people rather than institutes. Being reflexive to the context of therapeutic relationships caused responsibility to become the main concern of my research ethics.

In the next chapter I will discuss how I used the collected data and turn to explore the other methodological concern of my analysis. As an empirical research study, I needed to re-develop an analytic method to fit my research design and ethical concerns. From the perspective of hermeneutic phenomenology, I will show how I shaped my research method in order to discuss the phenomenon of ‘suffering transaction’.

Chapter 4 The Door to Analysing Suffering: Analytic Concerns

4.1 Introduction

In this chapter, I will further discuss the methodological issues regarding my 'analyses' of the data generated by my fieldwork and explore the chosen methodology of my analytic work. Actually, as I hoped to choose a 'proper' method, I experienced difficulty with transforming my data. Using Chinese transcript as the 'raw data' of this research, I had to face the tasks of translation and transformation between two different languages and two different symbolic meanings, orders and systems, as discussed in 4.2.

From a structural point of view, an analysis of narratives involves the research intention of and motivation behind data thematisation and theorisation, in which both clients' and researcher's self-experience is re-directed and reduced into specific narrative categories (Riessman, 1991). Considering the ethical violation of totalising human experience discussed in the last chapter, I encountered difficulty with analysing the stories of my collected data. Suffering, as explored, has the ethical component of intersubjectivity which refuses being conceptualised (Frank, 1995). In this context, stories of suffering might be split up and hard to delimit in dialogues as they are rarely so clearly bounded (Riessman, 1991). Locating them is often a complex interpretive process and therefore a researcher has to be mindful of the boundary between a researcher's introspective experience and a participant's authentic context of life.

Following my earlier ontological and epistemological discussion of suffering, what

analysis means to this research is to let lived experience 'tells stories by itself (Frank, 1995)' and to avoid totalising others' experience of suffering (Levinas, 1969, 1985, 1995). In my case, to relate my own lived experience to client's stories and vice versa, two difficulties became obvious while I was developing the analytic methodology for the collected data. The first difficulty involved the transmission between Chinese and English and the symbolic system behind both languages and cultures. As a native Chinese speaker, I am a good storyteller when using the Chinese language but have difficulty communicating an attractive story in English. To make the collected Chinese data meaningful in English, the translation had to not only consider the linguistic rhetoric and structural difference but also the psychodynamic meaning of the storytelling itself (Iannaco, 2009). In the next section, I further elaborate on how I located myself in the transformation between two languages.

The second difficulty I encountered was the presentation of 'understanding' itself, which bridged clients' narrations with my own stories but was not really contextualised into the counselling practice. In what follows, I show how presenting the 'understanding' from its dialectic nature rather than my directive discussion became the core methodological and ethical concern in my process of data transformation. In 4.3, I will then discuss how I dwelled upon the development of my practical and relational 'understanding' of this research conduct from the point of hermeneutic phenomenology, in which 'understanding' can be hermeneutically demonstrated through exploring the 'historical language/context' of suffering (Riessman, 2001) and representing the relational development of self and others by means of 'phenomenological reduction' (McLeod, 2001; Langdridge, 2007). A

genealogical review of ‘hermeneutic phenomenology’ will then be presented and related to the methodological concern of this study.

In 4.4, focusing on the storied nature of the generalised data, I re-articulate the narrative-based concern of the ‘analysis’ of this study. After reviewing the development of narrative analysis, I will focus on Arthur Frank’s (1995, 2001, 2005) concern regarding the dialogical nature of stories and use James Paul Gee’s discussion on the poetic structure of discourse analysis as an example of the way I re-developed a ‘proper’ method to ‘represent’ and ‘re-interpret’ my generalised data.

4.2 Different Languages and Different Meanings: Translation and Bilingualism

As stated above, I am a good storyteller in my mother language, Mandarin. In my work with children, I used stories to engage them in play in the therapeutic wonderland. In my work with teenager and adults, I connected their reflections on their apparently mundane life with the insights of specific events and engaged myself in the development of these stories. In my own life, I transform my everyday activities into a narrative context in diaries and share my learning with friends and partners. However, these contexts of awareness are ‘conditioned’ by using Mandarin as the medium so as to connect myself with others. Therefore, when I used my second language of English to articulate my clients’ and my experience in this study, I found that I became a ‘bad’ storyteller because I had very limited linguistic ability with English. I had to put myself between Mandarin and English. I was disappointed by the continuous loss of meaning I experienced as I abandoned

my mother tongue (Iannaco, 2009).

For, as previously stated, my findings of this study were translated from Chinese and presented in English. 'Translation' itself involves in not only the transformation of various languages like Mandarin, Ho-Kein[21], and English, but also the self-identification of the experience 'between' two languages, in which clients, readers and I actively find an effective way to retain cultural meaning and keep the developing understanding comprehensible through our mutual relationship. In this way, between languages, we not only dealt with the transformation of rhetoric and grammatical difference but also the transaction of meanings and values behind different cultural symbolic orders (Connolly, 2002; Iannaco, 2009). Unavoidably, I had to respond and be reflexive to the 'impossibilities' of translation which I could only approach using the proximity' of the meaning itself (Borštnar, Makovec, Burck and Daniel, 2005).

In a phenomenological context, translation, which has been involved in the transformation of meanings and the things of orders, is also an inner processing of interpretation and knowing (Elliott, 2008). Things verbalised from one language to another need to re-organise the semantic fields and thus develop another window of looking at the original theme (Iannaco, 2008). Connolly's (2008) definition of 'bilingualism' can be more suitable to describe my effort to contextualise my situation as a researcher using a second language and represent the finding found through the use of my mother tongue. According to her,

> Bilingualism consists in the capacity of an individual to express himself in

[21] Ho-Kein is a Taiwanese local dialect, which is still the main language in suburb and countryside re gion. Two participants and I are also Ho-Kein user and we sometimes communicate in Ho-Kein.

> another language and to adhere faithfully to the concepts and structures of that language rather than paraphrasing his native language (p. 370).

To conduct bilingual research, I indeed trapped myself in a labyrinth of difficult rhetoric writing and experienced what Iannaco (2009), citing Green (1987), discussed when s/he argued that translation was irreproachably correct. With my proofreader, I experienced embarrassment when attempting to pick up accurate words to articulate the subtle meanings which are accumulated by layers of interactions and communications. The difficulty was that I put myself and my relationship with clients and readers into a more uncertain and unsafe research status. However, the benefit was that I could at the same time own two windows from which to see the complexity of my study and to work through the seeming fruitfulness of the interactions between Chinese and English symbolic systems.

Iannaco (2009) argued that the 'leap' of interpretation between two languages is involved in the interpretative activity that takes place in the consulting room and therefore bilingual researchers and counsellors have to experience uncomfortable but productive uncertainty. In this research, I experienced what Iannaco (2009) described due to my interactions with proofreaders and my reflexive consideration of my research uncertainty. To cope with the 'impossibilities of translation', one of my proofreaders is a Chinese-English bilingual interpreter and one is a native English speaker. From my interaction with them, I continuously searched for the 'proper' and 'accurate' words for identifying my observations and understanding of my research exploration. However, for me, transforming my discussions and findings between Chinese and English has been a distinctive barrier and thus I did

rely on the secure relationship with my proofreaders and supervisors. Very often I felt drowned in the process of translation and lost in retaining my native language. This feeling actually assimilated myself with my clients in the context of 'disability' in which we were all exploring and expressing the experience unfinished and un-verbalised, and in which we were engaging in the difficulties of identifying our relationship with others. 'Understanding' itself therefore became my difficult attempts to present this work as a negotiation between two languages. With this difficulty, accordingly, I could approach the proximity of the meaning of things by positioning myself in the margin between two symbolic systems.

4.3 The Data of 'Understanding': Hermeneutic Phenomenology

The core research question of this study is 'how an individual lived experience of suffering could be understood by an "Other"'? Exploring the answer to this question requires consideration of ontological aspects of the question itself: Firstly, through the action of the research itself, the lived experience was represented and transformed into different languages. Secondly, the language itself is understood as one's experience of suffering. Thirdly, the meaning of suffering is given, collected and developed by the experience of being understood by an 'other'. From the point of hermeneutic phenomenology, a researcher has to admit the uncertainty of the language of lived experience and its understanding, which involves individuals' configuration of the past, the interpretation of the difference between past and now, and the modification of the 'saying' itself (Clegg & Slife, 2005). Relating to dialogue in psychotherapeutic practice, developed by Husserl, Heidegger and Gadamer, McLeod (2001) emphasises that phenomenology and hermeneutics are

the core of the qualitative method dedicated to describing the process of counselling and psychotherapy. Accordingly, in this part of writing, I draw upon my methodological thinking by means of exploring how hermeneutic phenomenology could help me explore the lived experience of suffering.

In terms of the history and category of hermeneutic phenomenology, Dowling (2007) gave a simplified topology: positivist (Husserl), post-positivist (Merleau-Ponty), interpretivist (Heidegger) and constructivist (Gadamer). Phenomenology was started by Husserl, who employed the descriptive methodology to focus on the structure of individual experience; hermeneutic research is interpretive focussed, and explores the historical meaning of experience and the developmental and cumulative effect on individual and social levels (McLeod, 2001). According to McLeod (2001), the hermeneutic interpretive framework is historical and changes over time; the phenomenological position is that 'natural attitude always applies within a set of horizon or boundaries of experience. Both approaches seek to elucidate the essences of these structures as they 'appear in consciousness-to make invisible visible' (Osborne, 1994; Laverty, 2003). However, Allen (1995) argues that a sharp distinction does not exist because one cannot be approached without engaging in the other's methodology: the phenomenological method also contextualises the historical development of one's lived experience and the hermeneutic approach describes the meaning itself. In this research, the experience of 'suffering', as explored, is regarded as the context of individual history and the varying interpretation of lived experience.

In this part of genealogical review, Levinas's ideas of 'methods' are utilised in the

discussion of my methodological concern. Although Levinas was generally thought of as a 'non-methodologist' (Slegg & Slife, 2005; Kunz, 1998), he provided a clear dialogical method (Kunz, 1998) in his arguments based on the 'primordial ethics for the other' (Levinas, 1969, 1985, 1999). Different from Husserl's phenomenological methods which starts from the individual self[22], Levinas's contribution provides qualitative researchers with another form of methodological thinking starting from the 'non-self.' This concept, which was developed in the final stage of Husserl's work, and which Levinas labelled as the 'Other', gave Husserl's phenomenology a new transcendental and inter-subjective approach. From reviewing the development of hermeneutic phenomenology, I will clarify my methodological concern of exploring the phenomenon of 'suffering'.

4.3.1 Husserl's Transcendental Phenomenology

Edmund Husserl (1859-1938) developed his phenomenological method from expanding his discussion of '*Epoche*', the act of suspending the taken-for-granted assumption of everyday behaviours towards objects and everyday natural attitudes about the world (McLeod, 2001). What Husserl had developed was the methodology of reducing meaning from the phenomenon, 'the things itself' (Fischer & Wertz, 1979; Hwang, 2003). He argued that, one cannot escape from his/her subjective understanding of the world and therefore the methodology of achieving truth is to explore the things between the individual and his society and

[22] Husserl articulated the concept of 'Ego' in three stages: The 'non-Ego theory' of consciousness in 'The Logical Investigations' (1900), 'True Ego' in 'Ideas' (1913) and the 'Dynamic Ego' in 'Cartesian Meditations' (1931.

historical understanding, which he referred to as 'Transcendental Phenomenology'. For Husserl, a researcher's subjectivity is included in his taken-for-granted manner but connected with the socio-cultural values and local history. The method of transcendental phenomenology is therefore aimed at purifying the individual description in an effort to 'condensate' his/her perspective of seeing the world. He used Aristotle's logic of reduction as the core idea of his transcendental methodology, from which two main methods were developed: firstly, phenomenological reduction and secondly, phenomenological description, to articulate the way of making meaning by 'things themselves' and attempting to set aside our natural attitude or all the assumptions we have about the world around us.

4.3.1.1 Phenomenological reduction

Husserl developed the concept of phenomenological reduction for 'Epoche'. According to Langdridge (2007), the core of 'Epoche' is 'doubt': not the doubt about everything we say we know, but about the mature attitude of the biases of everyday knowledge. Husserl developed the methodology of 'phenomenological reduction' to develop his discussion of Epoche. In his book 'General Introduction to a Pure Phenomenology', he separated the phenomenological reduction as Eidestic Reduction to perceive the necessary and invariable components in our intention, and as Transcendental Reduction to point out the components in one's lived experience. Husserl focussed on putting aside the positivist method, concentrating on the existence of things and one's experience with them and aiming at the consciousness as '*the stream of experiences*' (Husserl, 1913). The methodological

purpose is therefore to present the reality that individual consciousness and experiencing the world is in its nature involves universal changing.

In his book '*Formal and Transcendental Logic*' Husserl (1929) embraced individual subjectivity and formed the 'transcendental Ego', in which the stream of experiences involves the nature of human self-consciousness. In that context, the methods of 'phenomenological reduction' are developed as the researcher filters and restores the research participant's experience, extracts the undoubtedly impossible research data and rationality out of the fieldwork, and concentrates upon the 'extreme empirical' approach so that a research can be completely limited in the 'unsuspected' scope, which is the ultimate aim of phenomenological reduction.

To this research, Husserl gives an empirical methodological perspective to start the exploration of the transcendental experience between sufferer and witness. Suffering transaction in this study, as discovered, is the experience between self and other and is explored as the ethical engagement of between one and another. Lived experience can therefore be presented from this methodological basis in which clients and I in counselling practice come into contact with the same stream of experience, then, to focus and challenge our authenticity of the experience and the ideas which we take for granted.

4.3.1.2 Phenomenological description

In Husserl's method of Phenomenological description, he asked researchers to

ignore the rational and logistic links within the phenomenon itself so as to 'describe' the 'stream of experience'. A researcher should try **not** to conceptualise the participant and **not** to over-analyse the deep structure of the phenomenon (Hwang, 2003). Rather, s/he keeps his/her subjective understanding, open to the phenomenon, passively exploring it without active interpretation or modification, and putting effort to avoid adding or lessening the changing what had occurred in order to make the description of the phenomenon. The methodological goal of phenomenological description is to represent the 'natural attitude' manifested by 'things themselves' (McLeod, 2001).

Husserl objectified the Cartesian 'principle of simplicity' which valued Western natural science as it simplified a phenomenon as only the causal link between reason and result. He used the metaphor of 'Ockam's razor' to illustrate the scientific methodology in which only the bones existed after analysis and the nature of the phenomenon had been totally changed. To emphasise the phenomenological description, he argued that a researcher could just describe the total experience of consciousness in as much detail as possible. Rather than configuring the rationality of things, Husserl accentuated the 'intentionality' (McIntyle & Smith, 1989) of consciousness which should be the core characteristic of studying human existence in which the understanding of a phenomenon is always intentional. An important methodological aim of humanistic research is to articulate the 'intentionality' of phenomenological description.

For this research, Husserl's empirical approach has allowed me to maintain the richness and complexity of individuals' experience of suffering and support the non-

linear ontological idea that suffering 'refuse(s)' to be simplified, conceptualised and theorised (Frank, 1995, 2001; Kleinman, 2006). However, pure phenomenological description is not sufficient to configure the intentionality of human understanding. In his later periods, Husserl for the first time reviewed the history of Western philosophy and science. In his unfinished work *The Crisis of the European Sciences* (1936), Husserl demonstrated intentionality by emphasising the challenges presented by their increasingly empirical and naturalistic orientation. In this context, 'understanding' needs to be strengthened by not only the phenomenological description but also its historical reflection. While Husserl's revolutionary focus upon subjective intentionally transformed methodological thought, his student Heidegger further developed hermeneutic methodological into a perspective of knowing, which I will discuss in the following section .

4.3.2 Heidegger's Hermeneutic Phenomenology

As Husserl's student, Martin Heidegger (1889-1976) modified Husserl's phenomenology by adding a hermeneutic perspective to the exploration of a phenomenon. According to Heidegger, hermeneutics can be seen as synonymous with the way we interpret the phenomena of our everyday life of 'being-in-the-world'. Being-in-the-world, what Heidegger called as '*Dasein*', was the temporary, existential and relational basis of our daily lives and understandings of the world (McLeod, 2001; Langdridge, 2007). *Dasein* means existence; no matter how much we empirically investigate the way we live in the world, we will never be able to say anything more about the ontological status of *Dasein,* or how we live our life

(Langdridge, 2007). *Dasein* is opposed to the traditional metaphysical notion of experience and knowledge being separate, static and non-relational; rather, being-in-the-world is the continuing experience of being connected with the lived history, local culture and social context. For Heidegger, *Dasein* is not only an epistemological question, but ontological.

The discussion of *Dasein* enabled Heidegger to anchor this methodological approach upon the understanding of empirical experience. From the etymology of phenomenology as 'phenomenon' and 'logos', Heidegger redefined the phenomenological method as the way in which things present meaning by themselves through the action of understanding, rather than giving them an operational definition. From his discussion in the book publication 'Time and Being' (1962), he defined the nature of understanding through interpretation (die Ausbildung) as the way in which the historical context of things manifest its own meaning of existence (Heidegger, 1962). Different from Husserl's phenomenological reduction, Heidegger provided researchers with the methodological thinking to explore the 'things themselves' by tracing their historical voices.

Methodologically, Heidegger adopted Husserl's critiques on Western natural science and added the historical perspective in order to explore a phenomenon or the state of being. In this research of suffering, Heidegger is helpful in his two main arguments regarding hermeneutic phenomenology. The first is his extension of 'intentionality' from Husserl's discussion about prejudice, in which Heidegger formed the discourse of understanding as the 'fore-structure' of language. The second is his most important contribution on language itself as the proximity of

lived experience. The following discussion will link both considerations with the methodological thinking I utilised in my research.

4.3.2.1 Fore-structure of Understanding and Hermeneutic circle

To contribute to the discourse of the 'first language', in 'Time and Being', Heidegger (1962) extended Husserl's discussion of 'prejudice' and focused on the conscious state 'before language'. He articulated 'understanding' as the process through which experience is transformed into language. He called this conscious status before language 'interpretation: die Ausbildung', which for an individual has three 'fore-structures' of understanding[23]:

Fore-having, Vorhabe: Before understanding the self-experience, one's local cultural background, social custom, lifestyle and lived experience have to be included in the experience before processing the new experience for understanding.

Fore-sight, Vorsicht: Fore-having/Vorhabe makes one's own perspective to see and feel the world. Before making the understanding of the new experience, the fore-sight is the essence of making the 'first cut' of perceiving the new experience.

Fore-conception, Vorgriff: From the first perspective before understanding occurs, one gets the conceptualising structure of his/her understanding as the indication and so anticipation of things. As Heidegger (1962) said, 'The interpretation has decided a definite way of conceiving it, either with finality or with conservation; it is

[23]Heidegger, SZ 203, BT195

grounded in ‘something we grasp in advance’- in fore-conception (p. 191).’

According to these three ‘fore-structures’, Heidegger developed his important argument of hermeneutic phenomenology that ‘understanding’ is before knowledge because things themselves have existed in the ‘Fore-having: Vorhabe’ and relate us to our existing world. Knowledge has to be conditioned as a person knows it by his/her pre-judice. Heidegger argued in ‘Time and Being’ that understanding is a circle of truth, ‘Faktum des Zirkels’ as our understanding becomes a now ‘Fore-having, Vorhabe’, then ‘Fore-sight, Vorsicht’ and ‘Fore-conception, Vorgriff’. For Heidegger, the meaning is found as we are constructed by the world while at the same time we are constructing this world from our own background and experience, the *‘Vorhabe’* (Laverty, 2009). The circle of understanding, which Heidegger termed as a ‘hermeneutic circle’ illustrates the transaction between the individual and the world as they constitute and are constituted by each other (Munhall, 1989).

From ‘fore-structures’ of understanding, Heidegger envisioned the method through which understanding is a reciprocal activity and proposed the concept of ‘hermeneutic circle’ to illustrate this reciprocity (Koch, 1996). The hermeneutic circle can therefore be viewed as the circulation of both one’s understanding and before-the-understanding, which Gadamer (1976) developed as being ‘pre-understanding’. As part of this methodology, Heidegger provided that the historicality and the hermeneutic circle may be perceived as a ‘revision’ of phenomenological reduction, rather than a rejection of it (Dowling, 2007; Heidegger, 1962). Also, for this purposes of my research, suffering can therefore be

understood as the circulating process between lived experience and language as well as between client and myself since we are interpreting the experience of our '*Dasein*'.

4.3.2.2 Language, the proximity to meaning

Heidegger's work opened up phenomenology to interpretation through language in a way that was not seen before (Langdridge, 2007). As Heidegger (1982) said, 'Language is the house of being.' In his publications 'Off the beaten track (Holzwege)' (2002) and 'On the way to language' (1982), Heidegger articulated clearer ontological discourse of the relationship between language and being. He argued that, through understanding, language mediates the lived experience from one to another as an individual understands his/herself and others by means of language. In other words, through language processing, in a research of human lived experience, both the researcher and research participant(s) are mediated to articulate the lived experience together and interact the fore-structure of understanding with each other. The understanding of one's lived experience could therefore extend the proximity to reach its meaning and ontology.

In his later part of life, Heidegger (1982, 2002) developed the idea that a researcher can concentrate on intentionality from individual lived experience and connect it to its language (Mannen, 1997). For him, as discussed as being part of the hermeneutic circle, lived experience itself is continuously creating new experience and language for developing the meaning of the 'stream of experience'. Rather than Husserl's methodological manner of making meaning by the things themselves, he

described the focus on the language '*in play within the matter itself*' as the core methodology of uncovering the meaning of a phenomenon.

For me, what Heidegger has articulated is the intentionality of 'Off the beaten track' the 'language' which contextualises one's lived experience and communicates with others. Through the act of speaking and understanding, the lived experience of suffering is given the voices developed by a sufferer and the witness. Heidegger provided a clear methodological goal that the abstract and paradoxical meaning of suffering can be studied without an operational definition of suffering and revealed by inter-correlating the language itself and the pre-understanding of suffering. In my research, by means of engaging in the circle of speaking and understanding, the historical stream of lived experience can be oriented into an understandable and changing context. Additionally, along with the phenomenological description and reflexive account of a counselling relationship, the lived experience of suffering can be transacted in counselling practice. The experience can then be further traced by discovering the 'hermeneutic circle', in which our pre-understanding illuminated the intentionality of our understanding of the other's language, and, simultaneously, we used our understanding to respond to the other as well.

4.3.3 Gadamer's Hermeneutic Phenomenology

Being both Husserl and Heidegger's student, Gadamer published 'Truth and Method (Wahrheit und Methode)' in 1960, at the age of 60, in which he developed dialectic methods to discover the meaning found in art and history. However, compared to de Carte's 'true and non-true' dialectic method and dualistic thinking,

following Husserl and Heidegger, Gadamer argued that the methodological essence/objective is to make truth become the existing proof for itself rather than find the evidence through a totally objective attitude. As noted by Hwang (2003, p. 341), the book name 'Truth and method' is bit sarcastic as the content of it talks about the process through which 'truth' can be proved by itself without any 'method'. The book name was intended to be 'Understanding and Happening', in which Gadamer argued that 'Dasein' or any existential question is a historical and dialectic process between self and other (Hwang, 2003). In his discussion concerning the appreciating of art and investing science, he choose aesthetic and historical context as the '(non)methodological route' to achieve the core of 'Dasein'.

Inheriting Heidegger's argument on the language and hermeneutics of lived experience, Gadamer contended that one cannot totally manifest the meaning of 'Language' but, rather, uses 'Language' to mediate self and other. He again illustrated the conscious state of understanding and extended Heidegger's concern that 'understanding' is hermeneutic, self-dialectic and in its nature a linguistic action and event. In the following discussion, I will review mainly his impact on the perspective of history, language and understanding and relate them to the methodological consideration of studying the experience of human suffering.

4.3.3.1 Language, Hermeneutics and Local Culture

Continuing Heidegger's contribution to the hermeneutic perspective, Han-Georg Gadamer (1900-2002) posited a historical perspective between understanding and methodology in which methods exist as being inferior to and after one's

understanding (Gadamer, 1976; Laverty, 2003). In the second part of 'Truth and Method', Gadamer explored the 'understanding' of humanistic social science (in Germen the psychiatry, Geisteswissenschaften), in which he clearly reviewed the hermeneutics of 'understanding' from religion hermeneutics by Luther, Chladenius, to classic hermeneutics by Schleiermacher and then to the historical aspect by Ranke, Droysen and Dilthey[24]. Integrating Husserl and Heidegger's phenomenology, Gadamer defined 'understanding' as being a state of happening, an encounter, and a continuous varying context in which lived experience is a history of language attached to the stream of time.

Accordingly, what Gadamer's dialectical method illustrated mainly focussed on the process through which language itself develops into the context of historical understanding and is developed by historical understanding. In his analysis of aesthetics and the history of philosophy (1960), an individual's local cultural experience becomes the historical 'stream of experience'. Following Heidegger's discussion of fore-structure, he regarded 'culture' as the contextualised experience related to local tradition and custom, and, it follows, being tightly linked with the development of its historical contexts. Through his methodological approach Gadamer articulated that, being engaged in a hermeneutic interpretation, the researcher unavoidably begins the retrospective exploration from the 'before-the-understanding' and filters the cultural development before his/her attitude and intentionality has been created. Then, from this 'hermeneutic reflection' (Gadamer, 1976), the understanding itself could become the part of the 'history' in which one's local cultural experience is given subjective meaning and develops the

[24] Gadamer's hermeneutic perspective is influenced by Dilthey's historical hermeneutics.

understanding of his/her lived experience.

The nature of therapeutic praxis is the process in which counsellor and client are positioned as constituting the fragmental contexts of lived experience and achieving understanding of a client's 'partial' life history. In terms of 'hermeneutical reflection', psychotherapy could be described as the practice of completing/transforming an interrupted process of storytelling into a full history (Loewenthal, 2005). In other words, a client's 'history of suffering' is developing by therapeutic interaction. Language articulates history, in which unspoken lived experience is given the voice to communicate the relationship between self, other, society and culture. Gadamer's methodological concern gives 'suffering' a hermeneutic route to trace the context of local cultural experience beyond the development of its language and history.

4.3.3.2 Hermeneutic Cycle and Fusion of horizons

Continuing Heidegger's discussion of fore-structure, Gadamer (1976) stressed 'pre-understanding' as the essential condition of 'interpretation' and 'understanding'. The 'pre-understanding' is the meaning or organisation of a culture that is present before we understand and become part of our background's history. Preceding understanding, according to Gadamer, one's conceptualising intention, lived experience, cultural value, and taken-for-granted manners has influenced his/her interpretation of the world 'before' these experiences are transacted into language processing. Since Husserl argued that 'prejudice' should not be thought of dualistically as being opposite to objective comprehension (and based on a

Western scientific model), Gadamer (1976) further emphasised that 'prejudice' could be regarded as the unavoidable influence on how one see the world from his accumulated experience. For Gadamer, the 'understanding' never begins from zero and is always influenced by the 'pre-understanding' constituted by our lived experience with our family, culture, society and embedded values (Mannen, 1997). Pre-understanding is not something a person can step outside of or put aside as it is understood as already being with us in the world (Laverty, 2009). Before 'understanding', lived experience does not exist as language but does exist in our conscious state. Understanding itself is a dialogue of the next understanding. As he said,

> Understanding is always more than merely re-creating someone else's meaning. Questioning opens up possibilities of meaning, and thus what is meaningful passes into one's own thinking on the subject…To reach an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view, but being transformed into a communion in which we do not remain what we were. (Gadamer, 1976, p. 375)

Gadamer employed Heidegger's hermeneutic cycle to illustrate the essential methodological thinking of humanistic science (Geisteswissenschaften), in which pre-understanding and understanding are always continuously causing and attributing each other. Since we are all exposed to the world of experience, there is the sense that the understanding obtained from previous experience may be available as pre-understanding when we next encounter a similar situation, and

through reflection, the previous experience informs the next experience (McLeod, 2001). Gadamer and Heidegger presented a three-stage self-dialectic reduction (Mannen, 1997) from the whole experience to its part then back to the wholeness, in which when a researcher is engaging in a phenomenon, she or he is also engaging in reflection of their individual history, local cultural experience and taken-for-granted manner and then making the hermeneutic reflection between their pre-understanding and understanding. Gadamer used the formation of **horizons** to illustrate the process from one's 'initial understanding' of the lived experience to the further exploration of 'pre-understanding', and used the **fusion of horizons** to explain the creation of new understanding (Laverty, 2003).

Precisely, our attempt to understand is framed by what Gadamer called 'historical consciousness' which is built from a set of cultural constructs, embodied in language (McLeod, 2001). Our very possibility of understanding, according to Gadamer (1990), is a hermeneutical vision which is limited by the '**horizons**' which includes everything that can be seen from a particular vantage point. For him, moving from prejudice to interpretation involves a history of understanding which is eternally changing and is the interpretation itself. Because of 'pre-judgement' and 'prejudice', our lived experience, culture, tradition and lifestyle constitute our certain way of knowing and so we have our certain horizons which direct our intentionality of seeing, feeling and interpreting things. As in the position of discovering 'understanding', we can never step outside our horizon but we can reconstruct how the horizon has been created, or, in other words, how we live our life.

Gadamer (1976) further emphasised that understanding is caused by the **fusion of horizons**, in which an interpreter's prejudice and an interpretee's hermeneutic situations are fused and produce a new perspective to see what the phenomenon is. When Gadamer was exploring the aesthetic and historical existing experience, he argued that when one encounters the other who (or 'which', an art or a history, because their existence also shows the context of historical messages and conditions) has persisted through different hermeneutic situations, s/he experiences 'tension' and existential conflict. He claimed this was because, on the one hand, s/he has to understand the other while, on the other hand, has to explore the 'difference from the other' due to his/her 'prejudice' or 'pre-understanding'. As Gadamer said,

> The projecting of the historical horizon, then, is only a phase in the process of understanding, and does not become solidified into the self-alienation of a past consciousness, but is overtaken by our own present horizon of understanding. In the process of understanding there takes place a real fusing of horizons, which means that as the historical horizon is projected, it is simultaneously removed. (Gadamer 1975, p. 273)

Fusion of horizons means the interaction of histories in which new understanding is caused by the interaction of a hermeneutic situation between human and things, individual and environment, and self and others. As Gadamer (1976) noted, 'understanding' is not to be thought of so much as an action of one's subjectivity, but 'as the placing of oneself within a process of tradition, in which past and present are constantly fused (p. 528)'. For me, the use of horizons provides a rich

methodological reason to give 'suffering' ontological grouping angles: **not** to use a vertical perspective to present a thematicalised or a theoreticalised result, but to enable the histories of different components of the lived experience be revealed as dialogical 'horizons'.

The methodological use of hermeneutic horizons has been useful for me as I explored the socio-embodiments of suffering from the language used to express it where, as reviewed in the last chapter, medical anthropologists talk about 'social suffering' (Kleinman, Das & Lock, 1997; Das, Kleinman, Lock, Ramphel & Reynolds, 2001; Wilkinson, 2005). Psychotherapeutic practice, as Laing (1969) and Yalom (2001) noted, is politically based on the setting of the encounter between therapist and client. In therapy, therapists and clients use their own lived experience to listen and respond to each other. Through language by interaction, the horizons of the experience of suffering, in which the culture, social custom and political influence have been embodied in each other's perspective of pre-understanding (Kleinman, 2001), is fused in the dialogue of therapy. In short, Gadamer provided the core methodological framework for studying human suffering whereas in fieldwork a researcher can engage in the hermeneutic circle in which s/he (1) starts from their understanding of the lived experience of suffering, (2) focusses on the local cultural experience of participants and challenges the context of socio-cultural embodiments and a taken-for-granted manner, and (3) articulates a new understanding by tracing the historical link between (1) and (2). In this way, the new understanding can be destabilised (Langdridge, 2007) and again explored in the circle of focussing on the locals and then on the construction of the wholeness. For

me, this primary concern of the hermeneutic cycle is the core methodological idea behind the real analysis of my collected analysis.

4.3.4 Levinas's Ethical Phenomenology

In Husserl's 'Cartesian Meditations' (1931) published in his final years, he started to pay attention to 'intersubjectivity' from his transcendental perspective on interpersonal phenomenon. In doing so, he especially focussed on how communication about an object can be understood as referring to the same ideal entity, in which he used the concept of 'Other Ego', which is from the awareness of 'non-self', to objectify the 'Other' from its subjective existence. As Husserl's student, Emmunuel Levinas focused on the relationship with the 'Other' and made a radical extension. Beyond the ontological and epistemological discussion of self-other relationship, he noted, '*all questions of epistemology follow in the wake of the ethical relation, forever a step behind the lived experience (p. 93).*' Levinas emphasised the ethics in which facing the Other involves 'moral passivity' and the 'first philosophy' (Levinas, 1984; Kunz, 1998). He developed the aspect of phenomenology which entails the methodological turn that 'understanding' is caused inter-subjectively.

As Kunz (1998) reviewed, Levinas is in dialogue with and builds on the work of many philosophers that preceded him, and challenges nearly all of them. He uses a phenomenological methodology to emphasise that the 'Other' cannot be understood by methodology but can only be reflected through one's relationship with the Other. His phenomenology seeks to glimpse obliquely and without

prejudice this coming-to-be of being before it gets there (Walsh, 2005). In this way he is true to Husserl's phenomenology and Heidegger's existential ontology, but also surpasses these deployments of the phenomenological method *ethically*, for Levinas's phenomenology shows that the human being is ethical *necessarily*; we cannot help but 'be' ethical.

Levinas questions the knowing and certainty in the Western psychology tradition as well as the culturally urgent challenges posed by individualism, other-centredness and intersubjectivity. House (2005) used Woodhouse's concept of 'paradigm war' to describe that Levinas held nihilist points on the ethics of 'for-the-other'; he was often regarded as anti-paradigmatic and anti-professional (Woodhouse, 1996; House, 2005). Levinas often used highly metaphorical and symbolically charged terminology in making his argument with an often vividly hyperbolic theoretical style (Gantt, 2001; House, 2005). The radical ethical arguments of Levinas were, for many researchers of social science, difficult, ambiguous and paradoxical (Kunz, 1998).

Levinas did not form a structured methodology for the applied practice of his argument. His writings did not lend themselves to straightforward systemisation as he seemed to merely reinforce the likelihood of their being ignored or marginalised by the conventional academy (Clegg & Snife, 2005). However, 'writing in the margin' in postmodern humanistic practice has become a practical field in which a researcher can reflect upon the influence from socio-cultural realms and be reflexive about his/her own existing taken-for-granted manners (Kleinman, 1980, 2001; Frank, 1995, 2001). Levinas's non-methodology actually provided an

alternative methodological approach from which the humanistic practice could be started 'for-the-other' (Gantt, 2001).

4.3.4.1 Uncertainty of Knowing and Inter-subjective Understanding

As part of his development of 'understanding' in phenomenological methodology, Levinas actually shaped the way in which the phenomenological reduction can focus on the uncertainty of knowing. According to Clegg and Slife (2005), researchers have to experience the necessary *uncertainty of knowing* which 'does not undermine the possibility of knowledge', as they are at pains to make clear that Levinas's philosophy is not a nihilistic one that entails 'a purely negative deconstruction of all knowledge of system' and that 'uncertainty should not be confused either with falsehood or with a lack of knowledge (p. 71)'. Kunz (1998) suggested that a researcher could reflect on his 'passivity' rather than the 'activity' of knowing. Levinas defined knowledge as having both an ethical and an intersubjective dimension, in that truth is made possible by its relationship with the Other. Methodologically, engaging in the uncertainty of knowing involves developing an intersubjective understanding of the relationship 'for-the-other' (Gantt, 2002). House (2005) thought that Levinas provided a 'new paradigm of inter-subjectivity':

> While Levinas's emphasis on the primacy of the humanism's and modernity's current and unbalanced obsession with self-hood, self-efficiency and autonomy, it is also the case that his emphasis on the Other can easily be *at the expense of* the self, and is arguably just one more instance of 'either-or'

> dualistic thinking. This leads in turn to questions of inter-subjectivity. In moving beyond the discrete Aristotelian logic of 'self' and 'other', then, new paradigm perspectives on intersubjectivity illuminate profound possibilities for the future evolution of human consciousness. In the therapy field itself, it is also arguably in the realm of intersubjectively that new paradigm and spiritual perspectives have greatest relevance (p. 103)

The exploration of 'inter-subjectivity' can bind Gadamer's dialectic reduction of 'whole-part-whole' circulation. House (2005) gave a clear reflective process of 'inter-subjectivity' by which we can achieve 'uncertain knowing'.

> ⋯that relationship is created by two or more inter-pJenetrating subjectivities' and is crucially indissoluble into its component parts (your subjectivity and my subjectivity; transference and countertransference and so on)', because the vary act of analytical decomposition destroys the Gestalt of the relational whole, and the whole simply cannot be successfully apprehended and understood by artificially decomposing it into its constituent parts (p. 104).

An important thing to note here is that the intentionality of Levinisian phenomenological description is not dualistic—*either* an ethical individualistic *or* a selfless, other-focused reflection—but part of a process in which *both* occur *together,* in a developing sense of mutual understanding (House, 2005; Clegg & Slife, 2005). In my study of suffering transaction, Levinas provided a way to focus on the therapeutic relationship between myself and a client. As a therapist, the uncertainty of understanding is not only the developing variety of a client's narration but also the sense of how I am developing my self-understanding as the

therapist and engaging myself in clients' stories of suffering. We are creating understanding with each other. In this relationship, we are our 'self' and the other's 'Other', none of us can be separated from the exploration of understanding.

4.3.4.2 Relational understanding

Clegg and Slife (2005) represented a common misunderstanding of Levinas's ethical epistemology in which one puts the 'self' into emptiness and achieves an understanding of the 'Other'. They argued that the 'Other-based' thinking is still the dualistic essence which basically does not differ from the traditional self-centred or individualistic knowledge. Rather than a thematic understanding of the 'other', Clegg and Slife (2005) focussed on a 'relational understanding' in which self and other express themselves in an ethical relation that is 'not the thematization of any relation but that very relation which resists thematic inasmuch as it is anarchic (p. 5)'. According to Levinas (1996), the truth arises 'where a being separated from the other is not engulfed in him, but speaks to him (p. 62) and therefore 'understanding' only 'appears within a relationship with the other'. The 'other' cannot be thematicalised as 'to thematicalise it is already to lose it and to depart from the absolute passivity of 'self' (Levinas, 1996, p. 92). To a researcher, the 'relational knowing' means that research is not merely the exploration of either the data created from a participant or researcher, but the experience of encountering the relationship between self and other.

The research objective of 'relational knowing' (Clegg & Slife, 2005) provides counselling and psychotherapeutic research with the Levinasian methodological

approach that explores how understanding between therapist and client can be developed by the relationship itself. According to Clegg (2005), relational understanding is 'populated by practices, by the ways of relating, by encounters at the level of the ethical and relational that they are adjudicated (p. 8)'. In the field of counselling and psychotherapy, face-to-face and session-by-session encounters on the one hand develop the therapeutic relationship by understanding the lived experience of suffering; on the other hand, these develop further understanding of the deepening relationship. As his 'first philosophy', although Levinas chose to not shape the 'method' of ethics, as a researcher we can explore the route to its proximity in which the exploration of relational understanding can be regarded as a phenomenological reduction of how therapeutic ethics are established and how relational understanding is developing. It is primarily situated in the intertwined context through the interaction between understanding myself as the client and understanding myself as the therapist (Gantt, 2001).

4.3.4.3 The Methodology with 'No Method'

By turning to ethics as the 'first philosophy', Levinas seemed to regard methodology as being inferior to his dialogue with other philosophers in which he did not speak very much about hermeneutics and even phenomenological description (House, 2005; Walsh, 1991, 2005). His concern regarding the 'ethics for the other' focussed on relational understanding and an awareness of the primordial responsibility for the other, but, unlike Heidegger and Gadamer, Levinas did not establish his arguments in terms of a certain methodology, which made his debates difficult to

understand (Walsh, 2005). Nevertheless, House (2005) suggested that the historical-cultural location of Levinas's ideas should not be minimised or ignored because, in the field of psychotherapeutic and counselling practice and 'for those of us for whom therapy should be genuinely subversive and a revolutionizing force in evolving thought, the work of Emmanuel Levinas offers us one highly fertile starting-point of our questing, to which the papers in this symposium make a timely if, at times, 'uneven contribution (p. 107)'. For me, Levinas actually provided a clear reflexive perspective in my research, to help me see 'how I was called by my clients as being the therapist' (Loewenthal & Snell, 2001; Gantt, 2002; House, 2005; Gordon, 2009). It is not configuring what therapy is or how therapy is processing, but emphasises a reflexive approach concerning how the relationship between me and my client recalled our responsibility for the other, which is often beyond the scope and regular practice of 'therapy'. The method developed from Levinas's work is simply ethical reflection, as Gantt (2002) noted, 'the focus of Levinas's ethical phenomenology is aimed primarily at me as the therapist, in my-self understanding as a therapist (p. 76)'.

For me, Levinas's method of 'no method' gives me the cultural resonance which is based on the Chinese Daoist thinking that 多數言窮，不如守中 (duo-shu-yeng-chun, bu-tzu-sou-chung): extensive speech for the sake of explanation exhausts our understanding; rather, keep the name free and keep what it is in the heart (Lao-Tzi, Dou-De Jing: 5)'. Walsh (2005) also connects Levinas's ethical reflection with a Daoism understanding '無為(wu-Wei)': doing by not doing, being indirectly or obliquely or invisibly instrumental without acting. In my understanding of Levinas, 'no method' is a method, in which I am 'in' the relationship understanding; I reflect

on and understand more from my relationship with the 'Others', not only my clients and participant, but also 'Others' who connect with me as the therapist before the practice. A method of exploring 'understanding', in this context, can be discussed as how I interact with the data of 'not-knowing' and 'unknowing'.

4.3.5 Defining a Method for a Research of Human Suffering

To present how my 'understanding' of suffering was developed through my relationship with each client, in terms of hermeneutic phenomenology, the clients' and my own lived experience of suffering can be regarded as a hermeneutic circle in which our experiences occurred as the [25]part-whole-part understanding of each other and were transformed into speaking language and the 'part-whole-part' resultant interpretation (Howard, 1982). The 'understanding' was therefore traced by seeing how the 'language' of communicating/sharing our experience was developed (through involving our individual) horizons of knowing. Understanding itself can be seen as a fusion of horizons, which is a dialectic process that involves the pre-understanding of other's stories, interpretive framework and the source of information (Laverty, 2007). However, before elaborating upon a clear methodological concern with the re-presentation and re-interpretation of data, I need to further discuss the nature of my data itself, the developing 'stories' and 'narratives' taken from my therapeutic practice with clients, so I can show how a method of re-presenting and re-interpreting them was developed into practical methods of data analysis.

[25] The part-whole-part understanding as the hermeneutic circle will be introduced later and clearer in Van Mannen's work on Gadarmer.

Arthur Frank (1995, 2007, 1997) used 'stories of the illness' as a way of reconstructing narratives of suffering and re-drawing maps in efforts to find new destinations of life. When interacting with a patient with cancer, Frank regarded the sick person as a 'narrative wreck' and storytelling as the 'way out of the narrative wreckage' (p. 55). Frank drew on ill people's stories, along with his biography and his engagement with ill people. He regarded stories as having the power to 'repair' the damage of suffering and suggested that research is a way of letting a story be told 'by itself' (2007). He did not base his analysis and detailed examination on the structure of first-person narratives. Rather, he dealt with them by creating genres composed of three identified types of narratives in which cultural forms and personal experiences were brought together (Atkinson, 1997), as Gantt (2001) described: The *restitution narratives* are stories that tell how the body restores itself to health through compliance with medical regimes, the *chaos narratives* are stories that refuse to allow one's lived experience to be told, and *quest narratives* describe a journey that exists in one's memory, manisfesto and automythology so as to reconstruct their historical context of their experience of illness (Frank, 1995). His narrative analysis showed a route to the 'responsible relatedness' (Gantt, 2001) between a researcher and participant rather than the structures within the narratives or narrations.

Another core issue in Frank's studies is that he pursued moral reflection on the act of research itself in which a researcher is responsible for participants' stories. Influenced by Levinas, Frank felt that such accountability reveals the dialogue in the relationship between self and other. He provided the context of self as a reflexive project for which the individual is responsible and this responsibility is enacted

through narrative. He gave researcher's reflexivity a moral position from which to face participants' experience of suffering: a 'witness'. A researcher is called upon to be reflexive in order to face the commonsense world that we are 'living for the other' (p. 17).

Mannen (1990, 1997) suggested that, rather than shaping thematic dimensions of phenomenological inquiries, researchers need to see how lived experience is 'evoked' in the phenomenological understanding by reflecting upon it so that research can share the pedagogical meaning of life itself with readers. For Mannen (1997), the term phenomenon is equivalent to human lived experience. Cohen and Omery (1994) argued that his type of phenomenology is located in what is termed the Dutch school as it is a combination of descriptive and interpretive phenomenology. As he said, 'if we simply try to forget or ignore what we already 'know', we might find that the presupposition persistently creep back into our reflections '(Mannen, 1990, p. 47)

To research lived experience, he drew upon six research activities (1990), which promote freedom and initiative in researcher's interactive involvement with the dynamic research process and the phenomenological inquiry. Firstly, from the data, a researcher engages himself in turning to a phenomenon of lived experience which seriously interests him and commits him to the world. Secondly, a researcher is to investigate experience as he lives it rather than as he conceptualises it. Thirdly, one is to reflect on the essential themes which could characterise the phenomenon. Fourth, one should describe the phenomenon through the art of writing and rewriting. Fifth, a researcher must maintain a strong and orientated relation to the

phenomenon, and sixthly, balance the research context by considering parts and wholes as composing the hermeneutic circle. These six notions provide the guiding principles that help the objective of human science methods to be aimed at strengthening the expressive-mantic dimension of phenomenology. Considering the validity of qualitative or phenomenological research, he referred to the transformed expression of readers, or a 'phenomenological nod', as a way of demonstrating that good phenomenological description is something the we nod to, recognising it as an experience that we had or could have had (Mannen, 1990).

For research dedicated to the study of human suffering, Mannen (1997, 1998) actually showed the ideal research procedure to use in exploring the contextualised experience of suffering. Similarly, a clear goal for my study was to disclose and understand the contextual meaning of living with suffering. Again, my ability to create meaning required reflexive sense and awareness of my own encounter as I contemplated an individual's living experience with the phenomenon of suffering rather than attempting to professionalise or analyse the context of it. From locating the theme, maintaining orientation and then entering the hermeneutic part-whole hermeneutic circle in the six stages, Mannen showed another route to transform the mundane and personal everyday experience into disciplinary understanding (Mannen, 1990). For me, I made use of three interpreting activities Mannen described: a researcher explores a phenomenon by (1) reflecting on the essential themes which characterise the phenomenon, (2) describing the phenomenon through the art of writing and rewriting and (3) maintaining a strong and orientated relation to the phenomenon. In this process, the initial understanding is redirected from whole into the hermeneutic parts, which were termed as 'horizons' by

Gadamer. Through my efforts to transform narrative storylines, this research has shaped my initial understanding and the reflexive perspectives to see the stories formed and shared by clients and myself, which are our **reflexive horizons** of our narrated lived experience.

In addition to van Mannen, Langdridge (2007) developed Critical Narrative Analysis (CNA), which is a circulating process of a critical phonological perspective which works on the whole-part-whole interpretation. Firstly, a researcher formulates a critique of the illusions of subjectivity. Secondly, s/he identifies narratives, narrative tone and rhetorical function. Thirdly, s/he works on the identities and identity work. Fourthly, a researcher manages the thematic priorities and relationships. Fifth, s/he destabilises the narrative, and, sixthly, gives a synthesis point and then returns back to the critique of the synthesis illustration. Langdridge (2007) used 'destabilizing a narrative' in the fifth level as the way to bracket off the preconceptions and recollect meaning from text. In his model, for example, the horizons of race, gender, class, and sexuality which hold the context of our taken-for-granted manners could be focussed and reset the exploration into another hermeneutic circle. The stage of synthesis fused the horizons generalised in the process of data interpretation.

Therefore, using a social constructive perspective, the phenomenon of 'suffering transaction' can be discovered by exploring how the stories of lived experience of suffering are being circulated and interpreted individually and interpersonally. Combining an anthropologist's consideration and phenomenological philosophers' arguments of socio-cultural embodiments of human suffering, from stories, the interpretation of 'suffering' can be re-presented by tracing its development in

different ‘horizons’ and exploring the synthesis of interpretation as the ‘fusion of horizons’. Through tracing language itself, suffering can be developed methodologically as having its ‘weight’ set upon efforts to inter-correlate people’s lived experience (Bourdieu, 1990; Kleinman, 1997) and thus ‘suffering transaction’ can be thematised.

4.4 Lived Experience, Stories, Language and Analysis

From the collected data to the analytic stage, an essential problem is finding a way to present the authentic understanding of the relationship both client and I engaged in. As presented earlier, the core thinking of my analysis, which has been based on Husserl’s argument that meaning be developed by ‘things itself’ and that of Frank (1995), who argued to ‘let stories be told by itself’, is to find a way, firstly, to give voice to clients’ lived experience of suffering and secondly give voice to the ‘understanding’ that occurs in counselling practice. Gee (2000) also discussed that a researcher is always facing how s/he would ‘**re**-present’ what exists and ‘**re**-interpret’ the data as part of the methodological approach to analysis.e Data analysis or any interpretation performed as part of a psychotherapeutic study, when the transcripts from the sessions are to be transformed into other forms of reading, is no longer a methodological problem, but the qualitative transformation driven by its ethical relationship (Gordon, 1995).

For the purposes of this study, data ‘representation’ and ‘reinterpretation’ were methodologically considered as the way in which I could authentically reflect upon my therapeutic work as an ethical practice. The goal was to clarify my

'responsibility', which was created by my role of 'witness' as I assumed the position of facing my participant/clients' suffering (Gantt, 2001; Gordon, 1995). As the researcher, I had to be aware of the boundary that dictates whether a client's lived experience is over-categorised, over-analysed and over-interpreted; therefore I had to be reflexive about my awareness of my research intention/motivation as well.

Counselling and psychotherapy, therefore, could be conceived as a 'contextualisation of one's lived experience', in which both therapist/counsellor and client together tell stories through mutual responding, understanding and interpreting (McLeod, 2001). Qualitative data is then generalised by this process of co-construction. In this process, 'stories' are constituted from the fragmental or fragmented contexts which could be communicated many times in different sessions to a history which could make the therapist and client know more about each other. In other words, the stories are co-created by client and counsellor, in which the very production of meaning occurs through a circle of listening, reflective thinking and reflexive interpretations. The development of stories in its nature is a hermeneutic circle of acknowledging 'suffering'.

Accordingly, an important methodological concern is how I, as the researcher, could explore the stories of suffering through my developing understanding of my clients. This concern is in its nature ethical because choosing a proper method to 're-present and re-interpret' the generalised data also required that I 're-present and re-interpret' the responsibility between myself and my clients. To fit into this analytic role, how I could reflexively reflect on my lived experience needed to be more clearly presented and explored; therefore, I will now illustrate how I treated

and analogised my data as ‘stories’ and how I chose my analytic method for them.

4.4.1 Narrative Turn in the practice of Research and Psychotherapy

We live in a ‘storied world’ where people make sense of and communicate their experience through stories. The narrative that is produced in therapy sessions is not simply the client’s story, but is a story-told-to-another-person (McLeod, 1996). It is assumed to be the composition of defining who we are and gives coherence to experience and our purpose of life (Smith, 2000). A story can be regarded as a basic and universal mode of verbal expression (Bruner, 1991; McAdams, 1993; McLeod, 2001, 2005) and a vehicle for expressing the ‘landscape of action’ and ‘landscape of consciousness’ of the narrator. Bruner (1990) suggested that ‘the function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern (p. 49)’. Cited from Smith (1997), narratives can provide meaning and give coherence to, and perspective on, experience and one’s social traditions; construct a person’s knowledge, including a person’s sense of self and identify; produce an organising principle for human action; alter the teller’s way of thinking about event, and/or sense of identity; and bring about emotional adjustment and healing.

In 1986, Bruner (1986, 1990, 1991) presented the importance of how narrative could construct the reality of our everyday living experience. Since then, according to McLeod (2001), the implications of narrative ways of knowing were further articulated by many researchers like Gergen and Gergen (1988), Reissman (1993) and Bruner (1990, 1991). Paul Atkinson (1997) called this methodological impact as

a ‘narrative turn’ in the field of qualitative research and argued that narrative analysis needed to be built into systematic, principled investigation and should not be treated as a single solution to the multiple problems of social analysis.

An exploration of narrative represents a distinctive ‘way of knowing’ which is quite different from the theoretical, propositional or ‘paradigmatic’ knowledge in that period when the context of human lived experience was stocked in the trade of the scientific community. Narrative analysis is therefore based on the production of ‘language’ which transduces thoughts, feelings, and sensory experience into a shared symbolic form and mediates the meaning of things themselves with a socially constructed reality (Smith, 2000). For different academic purposes, narratives have been used methodologically in various fields like linguistics which focus on the psycholinguistic structure and psychosocial context (Labov, 1972; Mishler, 1995; Gee, 1991), developmental psychology which investigates children’s development of storytelling and narrative understanding (Nelson, 1993), life span theory (McAdams, 1993), cognition (McCabe et al., 1991; Nelson, 1993), and social anthropology (Reissman, 1993; McCabe, 1997; Kleinman, 1994, Frank, 1995).

In psychotherapeutic practice, cited from McLeod (1996), this ‘narrative return’ caused an immense impact on the field of psychotherapy which re-positioned the therapist as being the one who provides opportunities for clients to ‘re-author’ their lives (Epstein & White, 1990; Russell, 1991; Russell & Van den Broek, 1992). Since then, analysing how narratives could be developed in psychotherapy has become a formal analytic framework of empirical experience (Russel & Ven den Broek, 1993). For instance, in ‘narrative therapy’, as developed by Michael White,

therapists actively engage in the co-construction of narratives and use the storytelling process for therapeutic empowerment (Epstein & White, 1990; Frank, 1995; McLeod, 1996; White, 2005). In responding to and engaging with the client's stories, a therapist appears to be sensitive to the structural aspects of narrative—to the, for example, 'point of view' or 'voice' conveyed by the story (McLeod, 1996, Frank, 2001). The reality that stories connect the individual with the world also connects the way in which research is conducted with therapeutic praxis.

4.4.2 Constructing Storylines: Main and Subordinate

As discussed, data generalisation in qualitative study is an inter-subjective contextualisation. In this context, narratives and language are always mediating an individual's lived experience and his/her world (Bruner, 1991, 2004). Following Bruner's (2004) argument that the production of language is never neutral and objective, Gee (2000) suggested that we use language to signify ourselves and others for understanding and building social relationships (p. 99). Because of this inter-subjective property, a 'context' can be produced by our dialogical interaction with social situations, activities, groups, institutes, cultures and subcultures. In language, words are associated with social relationships, not only from the one who speaks them but also from the one who engages in the responding relationship and its responsibility. Gee (2000) used 'discourse models' to describe how words in social use are associated with their situated meaning and the development of meanings. For him, the development of language and context in social use are 'storylines', 'families of connected images, or (informal) 'theories' shared by people

belonging to specific social or cultural groups (p. 95).

From the perspective of hermeneutic phenomenology, 'storylines' from Gee's (2000) reflection can also be understood as the development of 'hermeneutic horizons' as they explain why and how words have the various situated meaning they do and fuel their ability to grow. From words to stories, due to social relationships, the development of meaning is worked into the socio-cultural context and given a historical symbolic order. A qualitative researcher is always exploring the symbolic order from the data generalised by research action, and always shaping the alternative order for the interpretation of things. Therefore, in qualitative research, stories are developed into new stories, and understanding can become expanded.

A psychotherapist in therapeutic practice does no different than a qualitative researcher who works with participants because a therapist also redevelops stories from the session-by-session talks with their clients and re-explores symbolic order formed by the talking encounter. In Michel White's work with a child in 2005, he used the 'subordinate storylines' to describe the 'different territory of identity for children to take recourse to in speaking their experience of trauma (p. 10)'. Opposite to the 'main' storylines which contextualise a client's main concern of their lived experience in therapeutic practice, White (1995) regarded the development of the 'subordinate storylines' as the intention which empowers the therapeutic relationship and gives one's lived experiences different perspectives and voices. Through repositioning both therapist and client in a relationship based on speaking and understanding, he recast the development of the overtones of

one's narrations and redeveloped the therapeutic intention of creating different understanding and encountering (White, 2005).

For me, I drew the two concepts of 'horizons' and 'storylines' together as a methodological combination because, in my study, I had positioned myself as both the qualitative researcher and therapist in my clients' narration of their life histories. The data of this research, which was created while I was the therapist, had already been developed into different 'storylines' so that each lived experience was given different perspectives and voices and therefore the therapeutic relationship had synthesised the voices into various interpretive 'horizons'. When my therapeutic practice was over and the data needed to be represented, I reflected on how the data was developed through my therapeutic encounter. Therefore, when I talk about my work with two clients in Chapters Five and Six, I will take Michael White's therapeutic representation of 'subordinate storylines' as the structure of my data representation. From my transcripts, the representation of 'main storylines' will be based upon the primary counselling that occurred in my practice, which was my dedicated to helping my clients reach their major goal through engaging in therapeutic service with me. The 'subordinate storylines' will be presented as the 'other voices' which were not my clients' main concern, but contextualised different interpretative perspectives with the narrated data. These two storylines will be reflexively discussed according to Langdridge's (2007) analytic direction, which will be further explored thereafter.

4.4.3 Poetic Transformation: a Form of Representing the 'Developing Data'

Regarding the presentation of one's 'stories', I focussed on James Paul Gee's (1990, 1991, 2000) work on the construction of language, by which we 'intertextualise' who we are and what we do for others. While we are speaking, listening or writing, according to Gee (2000), we are also engaged in seven 'building tasks' of language-in-use: (1) Significance (2) Activities (3) Identities (4) Relationships (5) Politics (the distribution of social goods) (6) Connections (7) Sign systems and knowledge (p. 12; p. 98). Discourses, stories and narratives, according to Gee, are therefore the inter-subjective construction in which people build up the symbolic meaning of these seven levels from the linguistic action 'with' and 'for' the others (p. 98). A researcher of qualitative study always has his or her attitude to parse the qualitative data and selective text so as to respond to his or her understanding of the world. Analysis of narratives, in this context, should not be thought as 'the' certain way of interpretation, rather, they should be recognised as 'a' method to represent the inter-subjective reality. In this dialogical position with others, a researcher always 'co-constructs' the analytical results with his or her participants and readers (Gee, 2000, p. 108).

For me, accordingly, I needed to re-consider the most appropriate way of data representation and interpretation, so as to fit the inter-subjective nature of my data generation. From Gee's methodological discussion on narrative and discourse analysis, in this section, I will discuss a way of representing my fieldwork by transforming the narrative data into 'poetic forms'.

Since 1991, Gee started to document a creative method of discourse analysis. With

his idea that a discourse is a form of narratives (Stenhouse, 2009), he argued that speaking and listening has its linguistic structure and therefore understanding one's stories and representing one's words could be a re-construction of the certain context (for example, cultural understanding). Different from a traditional way of citing or representing a set of text, he changed, parsed and relined the cited data, and his analysis was focussed on the development and diversity of the meaning 'units' (Gee, 2000, p. 109). In his work, a cited data became lined-up and also reconstructed texts like poetry; he then could articulate his reflection and interpretation from the represented linguistic structure. In this 'poetic form' (Gee, 1991, 2000, 2005; McLeod, 1996; Kendall & Murray, 2005, Stenhouse, 2009), he argued that speech and narrative have an inter-subjective function when developed into the poetic structure, which includes lines, stanzas and a macrostructure:

> **Line**: 'When speaking English', Gee (2000) argued that 'speech is produced in small spurts (p. 110)'. In these many little spurts, lines are made up of one tone unit with the changes of pitch. A line may conclude information, stress and intonation. It is a reference of a specific 'idea unit' or 'meaning unit' of speech (Gee, 1991). A line 'demarcates the material in the line that the narrator wishes the listener to take as new or asserted information (cited from Stenhouse, 2009, p. 107)'.
>
> **Stanza**: Related lines form stanzas, focussing on one perspective, event, theme or topic, like a single camera shot (Gee, 2005, 1991, 1986). Gee call this 'shot' or bigger 'unit' a 'Stanza'. When time, place, role, event or perspective of a thing shift, a new stanza is indicated (Stenhouse, 2009).

Macrostructure: A macrostructure contains many stanzas and lines, and different meaning units. It is the 'body' of different idea or meaning units and has the larger pieces of information like the parts of a body (Gee, 2000, p. 128). The 'parts' are constructed to story as a whole, 'as opposed to its lines and stanzas which constitute its "microstructure" (p. 128)'.

With this structure, Gee (2000) demonstrated an example of re-presenting a seven-year-old child's story as a poetic form. In this story, the beginning contexts gave the first idea unit as 'Setting' (p. 129) with two stanzas and eight lines. The original texts were:

> Last yesterday in the morning, there was a hook on the top of the stairway. And my father was pickin' me up, an I got stuck on the hook up there…an' I hadn' had breakfast he wouldn't take me down until I finished l my breakfast, cause I didn't like oatmeal either…. (p.129)

It was then represented and transformed as:

I SETTING

Stanza 1

1 Last yesterday in the morning
2 there was a hook on the top of the stairway
3 an' my father was pickin' me up
4 an I got stuck on the hook up there

Stanza 2

5 an' I hadn't had breakfast
6 he wouln't take me down
7 until I finished all my breakfast
8 cause I did't like oatmeal either (p.129)

Regardless of his use of analytic method as seen in the above poetic representation, and although Gee (2000) suggested that his poetic way of knowing was not the necessary step for analysing narratives (p. 117), for me, he had offered an example in which he could use the poetic understanding to achieve Frank's (1995, 2007) emphasis that a researcher is always in the dialogue with his or her readers. A set of data, when it is transformed into poetry, becomes the context which has been 'understood' by the researcher. A reader could therefore interact with the 'understood' data from the process of the researcher's structure of knowing.

Gee's method (2000) had contributed to the field of qualitative research the idea that any narrative data has a poetic property, and, for me, he offered a clear example of presenting the data which is in its nature developed as being 'understood' by the therapeutic and research praxes. In psychotherapy, a therapist is processing a client's narration like Gee's description of poetic transformation, which makes client's stories into different sub-themes and re-constructs the themes into other thematic understanding. This method achieves Husserl's emphasis on exploring the 'things themselves' without manipulating data separation or simplification but keeping the data's complication and richness so as to present the poetic condensation of lived experience (Ohlen, 2003).

Many therapists have contributed a poetic understanding of their therapeutic work. In terms of 'poetic understanding', Gordon (2010) exhibited an impressive reflection on therapeutic language.

> In therapy people struggle to put their feeling and thoughts into words. For some there are simply too few words. ….The language of therapy, like the

> language of poetry, is just ordinary language. In this the project of therapy, like writing poetry, is a deeply democratic one; every one can do it to some extent if they are allowed to, which means being given time and space to do so, as well as encouragement and the right kind of help. What marks the great of fine poet from most of us is what he or she does what the same language, taking it to a different level to the making of a new thing altogether. (p. 83)

Actually, before Gee, in the book '*Knots*', Scottish psychoanalyst RD Laing (1970, p. 87) presented an example of his work with a schizophrenic patient. Similar to Gee's method, Laing represented a patient's speaking as a form of poetry. With this representation, the patient's murmuring which seems non-sense and unstructured at the beginning was regarded as a clear route to understanding the patient's lost connection between his 'inside' and 'outside'. Also, through the poetic structure, readers of this work were engaged in the inter-subjectivity of this 'lost' which were 'inter-textualised' by Laing and the patient.

> One is inside
> then outside what one has been inside
> One feels empty
> because there is nothing inside oneself
> One tries to get inside oneself
> that inside of the outside
> that one was once inside
> once one tries to get oneself inside what
> one is outside:
> to eat and to be eaten
> to have the outside inside and to be
> inside the outside

But this is not enough. One is trying to get
the inside of what one is outside inside, and to
get inside the outside. But one does not get
inside the outside by getting the outside inside
for;
although one is full inside of the inside of the outside
one is on the outside of one's own inside
and by getting inside the outside
one remains empty because
while one is on the inside
even the inside of the outside is outside
and inside oneself there is still nothing
There has never been anything else
and there never will be

The 'understanding' created through a poetic representation can therefore be processed by the intertextualised work (Gee, 2000) between a research participant, researcher and reader. As Gallardo, Furman and Kusarni et al. (2009) stressed, poetry encourages an empathic relationship between the author and its audience. Poetic representation of research data also relocates a qualitative researcher in a position to have a dialogue with his or her readers. In recent years, researchers (Furman, 2004, 2006; Furman, Langer, Davis, Gallardo, & Kulkarni, 2007; Stenhouse, 2009; Gallardo, Furman & Kusarni, 2009) have utilised poetry as a mean of data representation in traditional qualitative studies. Different from Gee's systematic intention for data analysis in terms of lines and stanzas, Butler-Kisber (2002) regards poetry as an ideal medium for capturing the lived experience of complex, emotionally laden experiences. Gallardo (2010) proposed that poetic representation helps stimulate empathic understanding in the readers and transcendence between the poem and its understanding. Furthermore, Furman

(2006) also demonstrated how using poetic forms and structure can provide different emphasis when representing in-depth interviews.

Denzin (1997) encouraged the use of alternative forms of data representation and exploration as a means of evoking emotions in consumers of research. In terms of my dual roles as both the researcher and therapist, I regarded a poetic transformation of my generated data as a creative and useful method from which to begin further analytic exploration. However, the above discussion of poetic representation is conditioned by using English as the first language in which the researcher is familiar with the transition between tone, rhythm and symbolic meaning of the use of words (McLeod, 2003). Since I am not a native English user and, in Chinese relative research papers, poetic methods of qualitative research is still undeveloped (Tsai, 2006), to work between two languages and symbolic systems, I redeveloped my own methodology of poetic representation of my generated data as showed in 4.3.5.

4.4.4 Developing a Method of Poetic Representation: An example

Following Gee and Furman's structure of analytic work, to move between two languages from my therapeutic work (Chinese) and research presentation (English), my therapeutic work in Taiwan was processed by (1) Transcription (2) Translation (3) Poetic Transformation (4) Reflexive reflection (5) Interpretation. In Chapters 5 and 6, I will show that the transcribed clients' stories have been selected, translated, represented and responded to. In this section I will use my work with my previous client Hui-Yu, which will be represented in the next chapter, as the example of my

poetic representation. In our counselling sessions, Hui-Yu's main concern was her worry about her autistic son YH, who seriously injured himself in front of his classmates and teacher. Since she had left medical resources for autistic children many years ago, returning to a hospital and enduring the stigmatisation of her son's autism became the declaration of the end of their 'ordinary'. To present how I understood her hesitation with being back at CMUH, her words in our first session were quoted and translated into an English context for my further response. She said:

> Honestly, I was hesitated to be back to hospital, because I really do not want to again put myself into a period of feeling useless and helpless…You know, after the event (of YH's self injury), my life was just like back to the period (of 2001) when I was beaten up by YH's diagnosis as an autistic child…I have no other way to go but can only come here. However, everything is back to the original point, zero!..... Seriously, I am so confused and disappointed by myself….I really wondered what I have done for YH in these three years. Coming back was such a difficult decision, it violently reminds me of the most fragile period of my life…..(S1)

When I had shaped these contexts, as Gee and Furman did, I broke these words into lines of poetry. A title of 'Hesitation' was given as I understood Hui-Yu's narrations as being her struggles with coming back to receive treatment in our first session. However, a bit different from Gee and Furman's work, when I re-lined the data, I also re-positioned the 'meaning units' of the words in a line. For instance, some important words which could represent her core emotions of life events were put in

the centre of the line. Or, I would put words like ‘you know’ or ‘yes’ in the beginning of a line because they represented the rhythm of speaking. The poetry was given a frame for making itself a whole object of presentation. With this way of representation, the ‘idea units’ were given ‘distance’ from each other; readers too are given an interactive way of ‘understanding’ through the visual contrastive representation. The above contexts were transformed as followed.

Hesitation

Honestly,
I was hesitated to be back to hospital
because I really do not want to again put myself into a period
of feeling useless and helpless.

You know,
after the event (of YH’s self injury),
my life was just like back to the period (of 2001) when I was beaten up
by YH’s diagnosis as an autistic child.
I have no other way to go but can only come here
However,
everything is back to the original point,
zero!

Seriously,
I am so confused and disappointed by myself….
I really wondered what I have done for YH in these three years
Coming back
was a difficult decision,
it violently reminds me of
the most fragile period of my life

Through this way of poetic representation, I could disregard the grammatical difference between Chinese and English and focus on how I understood my client’s

stories and then give the 'understanding' a structural form of representation. With this poetic presentation, a reader could then be able to understand Hui-Yu through my collated structure of knowing. In this presentation of my therapeutic work, a reader is also put in the position of interacting with my intentions embodied in my therapeutic conduct.

Accordingly, in Chapter 5 and Chapter 6, my two sets of transcripts will be transformed into poetic forms of representation. As discussed earlier, my exploration has been structured by my clients' main concern, and I constructed my understanding and reflection by developing the main and subordinate storylines. Regarding further 'reflection', researchers have developed different attitudes for 'analyses'. For example, Gee's (2000) discourse analysis was processed by exploring the development of a socio-cultural and political context within the language line by line and stanza by stanza (p. 86). Furman (2006) and Gallardo, Furman and Kusarni (2009) used the term of 'narrative reflection' as a way of being reflexive to a researcher's experience with the represented poetry. Following the work of Furman and Gallardo, I will show how I was reflexive to my lived experience by presenting my narrative reflection and developing my own storylines. Through this process, a reader can see how the lived experience between me and clients was contextualised as well as the ways we interacted with each other in both my therapeutic and research practice.

4.5 Summary: The Analytic Frame of This Research

This chapter began with my reflection on the boundary of two languages of Chinese

and English, as well as the difficulties and my attitude of working with two symbolic systems. Considering language to be the contextualisation of lived experience, I presented a genealogical review of hermeneutic phenomenology from the philosophical perspective of my methodology. From Husserl to Levinas, I explored the uncertain nature of the 'method', especially when research involves the study of human lived experience. I focused on the context of 'understanding' which was developed through my therapeutic and research conduct with my clients and readers. From Gadamer's concept of hermeneutic horizons, I developed my methodological approach where the context of culture, sub-culture, society, policy and ethics could be deemed as the interpretive horizons developed in my research work. The methodological aim was to generate a synthesis as the 'fusion of horizons'.

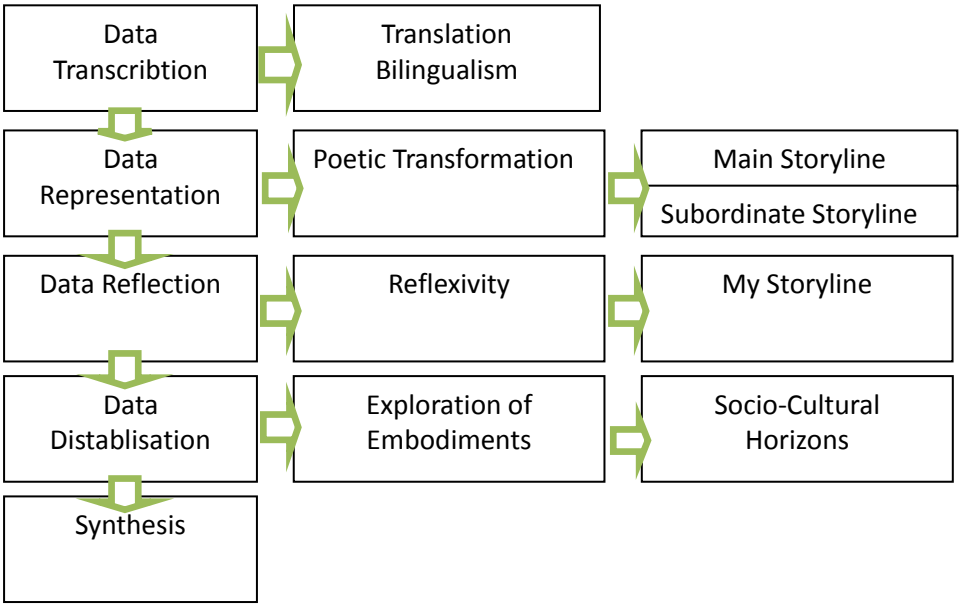

Figure 4.1

As showed in the figure 4.1, which visually demonstrates my analytic structure, my transcribed data was translated into a form of English and represented in poetic

form. Clients' stories were collated as the development of two storylines: main storylines about a client's primary struggle in therapy and subordinate storylines about the other facets of the main stories. While engaging in the process of understanding and re-construction, I was reflexive to my own life experience and developed the storyline of myself which implicitly responded to each client's narrative. Referring to Langdridge's (2007) analytic suggestion of CNA, the storylines were then 'destablised' into the discussion of the socio-cultural embodiments of language as the interpretive horizons of 'suffering'. The synthesis which focuses on the ethical perspective of 'suffering transaction' in my psychotherapeutic practice will be given thereafter.

From the next chapter on, my readers are invited to be engaged in my fieldwork in Taiwan and the stories from Hui-Yu, Tai-Ya and myself.

Chapter 5 Hui-Yu

5.1 Introduction

Chapters Five and Six will explore and represent my experience with conducting fieldwork in Taiwan. This chapter will primarily present the stories from a mother, Hui-Yu, whose son YH was my client during the period between 2001 and 2005. Because of coincidently meeting her in the paediatric department of CMUH, after careful consideration and discussion, I invited her to participate in this research and my counselling work for reasons I will soon discuss. Therefore, readers will be invited in a position of witnessing a mother's lived experience of suffering, as I actively reflect upon my therapeutic work with her. In 5.2 of this chapter, therefore, the process of how I met and recruited her will be carefully explained and readers will briefly know the history of how I worked with her and her son before. In 5.3, based on my previous discussion of Gee's (1999) work on discourse analysis, Hui-Yu's stories will be transformed into poetic form and my therapeutic work with her will be represented as poetries. In 5.4, I will link the context from Hui-Yu's suffering with my lived experience and represent the 'knowing' of suffering from our developing therapeutic relationship. By doing so, I show how Hui-Yu's stories of suffering for YH are also articulated through my lived experience of suffering in our therapeutic process. Readers, therefore, are invited into the intertwined historical context of the 'suffering transaction' between Hui-Yu and myself.

5.2 Recruiting Hui-Yu

In the February of 2008, with surprise, I found YH's name on the list for psychological assessment and I again encountered his mother Hui-Yu.

YH is a boy diagnosed with high function autism. In 2001 when YH was three years old, I conducted his evaluation and confirmed his autistic tendency. The child was difficult to control. He could not speak and used crying and shouting to communicate; he also repeated 'stereotypical behaviours' like closing and opening doors and rotating everything he had seen. Confirmed by DSM-IV and BSID-II, YH was diagnosed as having a mild to moderate developmental delay with an autistic tendency. With this label, he was given a card which identified his mental disability which then gave him a preferential and priority service of medication, education and social welfare.

After the evaluation in 2001, I arranged 'psychological interventions', or weekly therapeutic sessions with YH which aimed to improve his social and cognitive functions like eye contact, verbal and nonverbal communication and emotional expression through a cognitive training programme and play therapy. This medical programme was subsidised by Taiwanese public insurance. Furthermore, in order to help improve her parenting efficiency, I asked Hui-Yu to also attend the interventions as the co-therapist and, from that point, YH, Hui-Yu and I maintained a therapeutic relationship for three and half a years until 2005.

In the same period, apart from the psychological intervention with me, Hui-Yu was also working hard weekly on other interventional services such as language therapy (LT) for improving his language ability, occupational therapy (OT) for fine motor

development, physiological therapy (PT) for gross motor therapy and special education for academic performance. In the clinical psychological field, YH's developmental assessments were conducted every year and the results showed significant progression. By 2005, YH had developed a broader range language skills and cognitive ability. He proved to be a gifted child after assessment by the Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-r) test. Although YH could not get rid of the label of autism, his case became a strong example of how early intervention that involves good cooperation between medical professions and parents can change the reality of a child's early diagnosed retardation. With this clinical success, he no longer required psychological support for training his cognitive abilities in medical system. Since he had developed his ability to engage in social interaction with others, he could enter the mainstream school and attain education with 'ordinary' children. I, since I decided to have my postgraduate study abroad, left CMUH at the same time.

In March of 2008, in the room of psychological assessment, Hui-Yu was waiting with YH's psychological evaluation. YH was now 10 years old, had entered a mainstream elementary school, and was always one of the top three students in the class tests. However, due to a request from paediatrics, according to the existing evaluating route, treatment was again started from the 'IQ-test', which was not only not required, but at that time not adequate to address Hui-Yu's main concern, YH's self injury and a mother's feeling of helplessness.

Since both Hui-Yu and I knew that an IQ test result would not be helpful in diminishing her frustration and worry regarding her son, I explained that the reason

for the assessment was due to its medical necessity and asked her about the details of YH's self-injury. In the years since I last saw her, Hui-Yu had tried very hard to help YH maintain a good relationship with his teachers and classmates and she was satisfied with her role in YH's positive performance in school. However, during a big argument with his teacher, YH used a sharp pencil to cut his neck and frightened the teacher and other students. After receiving the emergency call, Hui-Yu went to YH's school and she was 'asked' by the teacher to bring her son to a psychiatrist or psychologist as soon as possible, which in a very real and immediate way implied and stigmatised her son as being abnormal.

'My efforts were all in vain', said Hui-Yu.

I felt that counselling might help Hui-Yu and therefore, due to the purpose of my study, asked her to participate in the counselling practice aspect of my research project. We discussed the ethical concerns, audio recording and informed consent. We agreed that, after she had read the whole transcripts of our counselling sessions, if she felt comfortable, we could use them for research purposes as well as counselling and, if not, it would still be fine.

For me, Hui-Yu was a very good case for many reasons. Firstly, the three-year cooperation we experienced during YH's initial progression had built a strong sense of trust between us. We could base the therapeutic practice of my research on our existing trust as well as extend our therapeutic relationship from the past. Secondly, the three years of being YH's therapist enabled me to understand how difficult being YH's mother could be because during the therapeutic process I had witnessed all her experience of suffering. I know she had not failed as being YH's mother and

felt I had the responsibility to prove it in our research re-encounter. This understanding from the past and my sense of responsibility for them provided this research with helpful information that aided both of us, as counsellor and parent, to find a better approach for my therapeutic relationship with YH. In the March of 2008, we started our first counselling session as part of my research practice.

5.3 Forming Hui-Yu's Voices of Suffering

As discussed in Chapter 4, in this study, the voices of suffering are communicated and analysed through the act of an-other's listening and understanding. To present Hui-Yu's data, the 'voices of suffering' were approached and generated by two methodological issues.

The first was the 'storylines' narrated by the responsibility 'for the other' in our counselling process. In the counselling sessions, Hui-Yu's primary concern can be understood as a process of telling a story of herself, in which the lived experience of suffering for her son has been assigned historical order in our therapeutic sessions. Utilising the concepts of 'hermeneutic horizon' as found in hermeneutic phenomenology (Langdridge, 2007) and 'storylines' as used in narrative therapy (White, 1995, 2005), Hui-Yu's voices of 'suffering' are reordered as the 'main storyline', which was also the primary theme we worked together to create in the therapeutic sessions (McLeod, 2001; Yee, 2004). The 'overtone' behind the main stories (Lin, 2006) is therefore collated as the 'subordinate storyline', embedded in our mutual socio-political experience and shared cultural background, which naturally give different voices to one's experience of 'suffering for the son'. For

example, in Hui-Yu's case, her interaction with her family members and the moral belief inherited from her mothers were used to help produce her voice of suffering when the counselling practice focussed on her relationship with her son. The formation of both storylines presented in this chapter aim to present multiple and rich angles of Hui-Yu's experience of 'suffering' and the 'understanding of suffering' which was processed in her therapeutic relationship with me.

The second methodological issue of presenting the collected data in this chapter was finding the appropriate choice of data transformation. The qualitative data, since I collected it throughout our counselling interaction, had been 'processed' by my counselling acts from the very beginning. Unlike the data created by qualitative interview methods, the generated data had not been the 'first hand data' because my clients' experience had been understood, responded, developed and processed by the therapeutic sessions. Therefore, to present my clients' stories, my primary methodological concern or issue was to find a phenomenological way to include **both** my client's speaking **and** my understanding as the data presented here. As discussed in Chapter 4, based on Gee's analytic idea (1989, 1991), I re-paused, re-lined and re-focussed the collected data, just as I had done in the therapeutic process, through re-presenting the stories produced in our sessions within poetic contexts in this thesis. The data is therefore shown as the understanding of a therapist who actively encountered my client's experience of 'suffering', as well as a researcher who has attempted to convey a collaborative representation of the research experience shared with my clients in our therapeutic space. In this section of 5.3, I am going to explore Hui-Yu's main storyline and subordinate storylines through the use of poetic transformation.

5.3.1 Main Storyline: The History of 'Suffering for the Son'

5.3.1.1 Hesitation with Returning to the Hospital

The first counselling session was inspired by my question of 'how are you doing in the years since we last met' because we had never contacted each other since I left in 2005. Hui-Yu started to tell me about the 'ordinary life' she had lived before YH's self-injury in 2008. I began to realise that, after I left CMUH, she decided to leave the medical support system of 'early intervention' and brought YH to the mainstream elementary school. With the help from a special educator in school, YH had studied quite well in a class with the 'normal' children and usually got the first or second rank marked by his class teacher. Hui-Yu enjoyed the life of being an ordinary mother. She brought YH to school by motorcycle every day, prepared dinner and studied with her sons. In the following poetic representation of her words, Hui-Yu used 'lost ordinary' to describe what returning to the hospital meant to her.

The Lost ordinary

I just feel like,
I lost my ordinary life again

Before YH harmed himself
I just thought that
I can handle my son
without entering medical institute ever again.

You know,
In these years
apart from his diagnosis of autism,
my life could not be more ordinary than the other families
in which
all I need every day is just being a
'mother'.

Since Hui-Yu and I worked together with YH for three years, I understood how this 'ordinary' could be difficult to acquire and maintain and then how helpless Hui-Yu felt when losing it again. I always remembered my supervisor saying that 'facing the parent with the lifelong disable child, you have to understand that you are also facing a lifelong trauma, and shame'. The decision of returning to CMUH again forced Hui-Yu to admit YH's difference from normal children while also requiring her to reveal her recovered wounds to medical professionals. 'Lost ordinary' for Hui-Yu was a sense of fear. In the first session, although she demonstrated pleasure with talking with me again, she disclosed how she was hesitant to open the door of the white tower of CMUH.

Hesitation

Honestly,
I was hesitated to be back to hospital
because I really do not want to again put myself into a period
of feeling useless and helpless.

You know,
after the event (of YH's self injury),
my life was just like back to the period (of 2001) when I was beaten up
by YH's diagnosis as an autistic child.
I have no other way to go

but can only come here

However,
everything is back to the original point,
zero!

Seriously,
I am so confused and disappointed by myself….
I really wondered what I have done for YH in these three years
Coming back
was a difficult decision,
it violently reminds me of
the most fragile period of my life

Sitting in the counselling room, for both Hui-Yu and myself, the moment of facing her fear of her son in 2008 was very similar to our first meeting in 2001. We were in the same building, same interior; we experienced the same diagnostic procedure for meeting-up, and again talked about a mother's worry about her son. The similarity between our temporal experiences reminded both of us of the very beginning of our work together and reconnected us with past events and experienced emotions. The phrases 'most fragile period of my life' and 'back to the

original point, zero' show how Hui-Yu was disappointed by this return to CMUH.

However, as YH's therapist, this reference also reminded me that the 'most fragile period' she had ever been through was the very beginning of our relationship. In this period of time I witnessed how a mother experienced numerous failures but never withdrew from her son's intervention and continued to help him grow beyond the real 'zero'. As I experienced Hui-Yu's response to her son's return to medical treatment, this 'hesitation' incited a personal recollection of this history which contained not only a mother's disappointments and failures, but also her courage and patience. Behind the voice of her hesitation, a continuous testimony of her courage could be seen by tracing this history and therefore, in my counselling intention, I aimed to reconnect her to the moments of successes which proved to be a result of her efforts with her son.

5.3.1.2 Admitting YH's 'Autism'

In our second session, Hui-Yu started to tell me the story of how she could accept YH's 'autism' as a very difficult family situation. With shock in 2001, the diagnosis caused her to develop a new understanding of her son, in which she had to learn what 'autism' was, push YH to progress through day-by-day interventional training, and finally re-identify herself as a mother of a different and special son, rather than a 'not-normal' boy.

'NOT' normal and Different

Six years ago,
I was just shocked when Dr. Kuo and you told me
that my son is an autistic boy.
I was just stunned there,
because YH was my only hope in this family.
This diagnosis broke my hope and dream….
At that moment,
I was very down
because
I had had a family with an irresponsible father
and now a son with the lifelong disease called 'autism'

Therefore,
I had to learn what 'autism' was
so that I could know who my son was.
It seems strange
If 'autism' could explain his difference from other children,
I had to get used to knowing how my son's behaviours differ from them
as you know…
what behaviours are stereotypical,
what emotions are clumsy and
what kind of personality was stubborn…
I don't like these words
but I have to be familiar with them
so that I can be 'honoured' as a proper mother to an autistic child.

Life had to be changed,
I had to get used to the skills taught from OT and LT and from you.
I had to apply them in my everyday life:
the timing of using toys,
the arrangement of interior decorations,
the speaking styles, empathy…etc….

You know,
every day is just a new fight
and

I had to learn to treat my life
as a therapy for my son
in every minute and every moment.

Yes,
Eventually,
I had to admit that YH is just an autistic boy.
He is different from normal children.
I cannot deny my son is NOT 'normal'.

I have to tell myself and others that he is
different and special.

The second session was also my first instance of hearing Hui-Yu talk about her family difficulty, which will be discussed as subordinate storylines in 5.3.4. Facing YH's 'autism', in Hui-Yu's double negation of 'I cannot deny my son is "not" normal', she concluded by describing YH as 'different and special', in which the conclusion was not only the process of admitting a disease of her son, but also the process of finding a proper relational identification as a mother. The voice of admission codified how she had dealt with the difficult moral position of a 'mother' settled by the family ethics and our medical system, which will be further discussed in later chapters.

5.3.1.3 YH's Teaching: Being a Mother of an Autistic Son

Therefore, between Hui-Yu and me, her relationship with YH and the history of how she had put effort into YH were the subjects of focus. In the beginning three sessions, she reviewed the years that passed since first recognising YH as being autistic. In the first counselling session, she articulated that a voice of 'suffering' at the very beginning was the helplessness of losing the position and function of being the 'mother', because the medical procedure changed her relationship with her

son. For YH, she had to learn how to take responsibility on her own and help her son by herself.

The mother of YH

Dealing with YH has proved that how the ignorant mother I could be:
I could not teach him;
I could not manage his daily behaviours;
I could not control his bad tempers and even mine.
I had totally no ability of being a mother….

just like you said,
'No one could help your son if you feel you cannot'.
I need to learn how to be YH's mother and
YH was teaching me how I can be his mother.

I must find the ability to help my son.
I cannot feel helpless,

I have to move on.

The words of 'No one could help your son if you feel you cannot' were from our first meeting in 2001, which I used to explain YH's autistic tendency and convince her that helping the sick son is always the parents' responsibility, not the therapist's. During these years, these words have become the most important reminder to herself that she had to do what a mother should do for YH. Also, from the awareness of 'being the mother' she could discover the successes of teaching YH while also enduring periods of long waiting and numerous failures.

Hui-Yu made an example in our second session about YH's barrier of understanding the other's emotions, which is clinically labelled as an autistic child's interpersonal difficulty:

A Success of Teaching Empathy

You know,
a developmental barrier for autistic children
is very hard to develop the ability of 'empathy'.
YH cannot understand others' feelings and emotions.
I have to try every possibility to teach him
but so far
I am still sorting it out.
we tried puppet dolls and played games of role exchange.
I used story cards and taught him
a person's emotional change.
But you know…
he just cannot make it.
I have to try very hard just to make
a very small improvement.

You know,
YH has a small blue whale doll.
He loves the doll and
talk to it.
Therefore,
I often made the small whale as a real person to interact with us….
One day
I found the doll is a little bit dirty
I washed it after taking the inside cotton out.
Then, the small empty doll was hanged and awaited to be dried.

YH saw it.
used a red crayon drawing a cross on the doll's eye. He said
the whale is hurt.
I replied him
"are you sad?".
He answered
"yes".

That was the first time that
I felt YH could feel other's feeling and
we finally make
a small progress.

To share this difficult success, Hui-Yu articulated the lived experience with both

suffering and pleasure. The voice of suffering was found in the never-ending trials and long periods of waiting whilst pleasure came from the 'small progress' she finally made with her son. Actually, the experience of pleasure had proved to be the voice of suffering, and vice versa, the experience of suffering for YH had articulated the voice of pleasure regarding YH's progression.

I noticed myself that, since the second session, I started to engage in more directive therapeutic intentions. Influenced by my training of narrative therapy and brief therapy, I focused on how Hui-Yu's active realisation of her past successful experiences could happen and therefore we could accumulate these small successes (Freeman & Combs, 2000). When our interaction contextualised the 'history of suffering', with listening and attunement, how she had coped with the difficult responsibility was also developed as the other voices such as courage and pleasure. As White (Laub, 2001) argued, the narration itself testified Hui-Yu's experience of 'suffering'.

In the fifth session, Hui-Yu ecstatically shared her discovery of another YH progression. She had waited for many years for YH to finally be able to ask her 'am I looking good'. In psychological language, that was also the breakthrough of another difficult barrier for YH, the concept of 'mirror self' or 'alternative other' (Fryer, 2006).

The Concern to an Imaginative Other

Yesterday,
YH was standing in front of a mirror.
He tried on a new suit and asked me
'am I looking good?'.
I was so amazed
because he finally was concerned an other's view.

You know…
he did not like new clothes and
always wore the same texture with the same colour.
I always had to try very hard to persuade him
to throw the old clothes and put new ones on.
However,
he put new clothes by himself and ask me
'am I looking good?'

For other parents, they may find this question quite ordinary,
but for me,
I have waited for it for such a long time.
He finally started
to care about another's judgement of his look and
wanted to change himself for
the imaginative other.

Following Hui-Yu's narration of her successful trial with YH's ability to empathise, Hui-Yu's surprise in the fifth session was an important moment that indicated a sense of success was indeed developing in our interaction. This moment directly proved her long time effort and sharply contradicted with the image of the 'beaten-up' self that resulted from YH's self-injury. I was also surprised that I witnessed again that Hui-Yu could see YH break another limitation. For her, I was the first 'audience' and the first witness of this encouraging moment. Since in the same session she also mentioned providing assistance to other parents of an autistic child

in the Association of Autism, following White's therapeutic advice (1990, 2005) of empowering a client to find the audiences and witnesses of his/her life events, I asked Hui-Yu to use her experience to think about how she could encourage and give advice to the parents dealing with autism. She said:

Advice to Parent like Me

So…
I would just tell them two important things.
The first is
'No one could help your son if you feel you cannot'.
Just like you have taught me that
a mother's role can never be replaced.

The mothers with autistic children must have the awareness of
being the 'mother' for their son or daughter.

The second is
'never give up',

you may have 500 failed trials
but
you still have to enable yourself
to prepare for the
501st time

If you believe, things will just happen

The 'preparation for the 501st time' and 'if you believe, things will just happen' were instances of Hui-Yu's empirical learning which she could give to others who resembled herself. In this process of gathering the voice of "creating success", Hui-Yu re-articulated the context of a mother's difficult responsibility for her son and placed herself back in a 'mother's' moral position. Therefore, the pain of taking this responsibility could be told with pleasure, and vice versa.

5.3.1.4 The Moment of feeling 'Ordinary' and forgetting 'Autism'

From the fourth session of our counselling practice, Hui-Yu's emotions concerning YH's self-injury could be obviously seen as being soothed. Also, in school, YH's teacher re-allocated his seat in order to acquire more peer support in the class and the teacher apologised to Hui-Yu for Yh's event. As Hui-Yu's life was gradually returning back to the original track, she again talked about her life embodying the description of 'ordinary', but the meaning of this word was different from its use in the first session, for she was now mindful that she could forget YH's autism for the first time.

An Ordinary Week (of forgetting Autism)

This week is very normal, nothing special.
Everyday YH just goes to school,
I go to work and
do volunteering work in the association (of Autism).

When YH came back home,
we have our everyday fight for him to do his homework
because he is too easily distracted….
Well, you know,
that is our everyday life.
really different from the period
when he was doing early intervention.

For the first time,
I can even forget his autism.

The context of 'forgetting YH's autism' kept developing after the fourth counselling session. In the fifth, Hui-Yu re-defined the influence of YH's autistic tendency upon their life in which her son could be 'not different' from the other children. Precisely

speaking, Hui-Yu had developed the two-fold discourse that ‘because of autism, YH is different from other children, but, except for the diagnosis of autism, YH is not different from them (S5)’. Returning to the mother-son ethics, Hui-Yu used an example to illustrate her awareness of mother-son relationship regardless of her son’s medical diagnosis.

An Autistic Son no different from Normal kids

like you showed as in YH’s therapy.
I have to learn to wait
and then push him with the right timing.
apart from the long waiting,

YH just needs people to wait longer.
Then,
he can make it!
once he makes it,
you will find him not different from any other boy at all.

Two months ago,
I was ill and lied on my bed because I could not move
I told YH that he needs to look after me.
From his face,
I know he worried about me.
He went to his room and
took pencil and paper and
noted down the things I asked of him.

For example, I told him that
every hour
he needs to bring a glass of water to me and
measure my body temperature,
at 3pm he would need to push the start button of our washing machine.
He had done everything on the list very well!
He even escorted me to bathroom because I was too weak to walk!

It is a kind of feeling that
no matter if he has autism or any other disability,
the reality between me and YH cannot be simpler than that
we are mother and son.

I appreciate
God for giving me this son.
For me,
now,
the label of 'autism' is not important at all.

I often asked myself
whether my effort on YH so far is to prove that he is not autistic?

I know he is
and cannot change this diagnosis for life

Sometimes,
I rather want my son as just a normal strange boy
rather than
a lifelong disabled child.

In this example, Hui-Yu's subjective identification to YH had been changed from 'a boy with lifelong disability' to 'normal strange boy'. With the new awareness, she also distinguished the medical discourse of YH's disability from her everyday interaction between mother and son, and re-contextualised her relationship with the son, in which the 'medical professionals' had never affected the mutual care

and responsibility between them. 'Autism', as the 'foreign language', was not so important for it could be forgotten.

5.3.1.5 Learning from YH and the Never Ending Worries

Accordingly, after Hui-Yu was recovering from the trauma of YH's self-injury, our counselling practice also became oriented to the narrated history of Hui-Yu's efforts with facing numerous failures and how she successfully worked through all of them. We worked on the two-fold meaning of how raising YH could be both difficult and fruitful; my intention was to focus on how she had to manage her own resources to get through the mother-son ethical crisis. By splitting the medical and everyday context of this history, Hui-Yu re-contextualised her moral actions of being the mother in these years, re-stated her responsibility for the son and, most importantly, re-located herself in the 'primordial' position of simply being the mother, not a medical professional, not a therapist, and not a special educator.

In the final two sessions, we reviewed the stories Hui-Yu had told in our conversations and the emotions that had changed in this period. In the seventh session, I stated that since this storytelling process began she had permitted us to experience her experiences together, and questioned how she wished to conclude our interaction. She replied that the most important thing was feeling able to talk about her worries and to be listened and understood. I asked her again how she would provide a conclusion to her stories in our interactions. She used the 'never ending worries (s7)' as the caption of the conclusion.

Never Ending Worries

YH has good therapists, good teachers and good classmates to help him.

However,
although they and I can wait and tolerate his trouble,
the real world is so cruel
that people do not have the patience to wait.
Life is stressful,
I cannot stop worrying about my son.
I know
I will never have solutions for my lifelong worrying.

This event of YH's self injury happened
at a time when I started to believe that everything was back to ordinary. Just like the crises (in 2001),
I had to work through it;
I had to be aware of the reality
that the similar crises will happen in the future,
I do worry for YH very, very much.

Now YH is 11 years old,
then he will pass the age of puberty.
Then I will be old, sick and passed by.
When I think of our future,
I do worry my son.

In this session, Hui-Yu gives 'suffering' a concluding voice of 'never ending worries'. As the 'mother', the heaviness of the responsibility is always on her shoulder and the weight of the worries is always in her mind. In this hermeneutic counselling route of drawing upon the responsibility as the mother, her worries and responsibility are contextualised as the paradoxical causality: they are each other's reason, and result.

In the final session, Hui-Yu further illustrated the paradox of suffering as if the

'footnote' to our conversations, which was directly related to our cultural understanding of suffering/苦/Ku. With the metaphor of '回甘 Hui-Gang', she used the metaphor of a cup of green tea to articulate 'bitterness' as suffering, which could also be tested as sweetness in its process. She said:

> **回甘 Hui-Gang**
>
> However,
> like you said,
> 'no one could help your son if you feel you cannot'.
> you let me understand and believe these words again,
> like our first meeting six years ago. (S8).'
> You let me see how I could be stronger again
> from the process of facing the worries for my son….
> The process
> is like the drinking green tea and enjoying the taste of
> '回甘(Hui-Gang)'.
> When we take a sip of it,
> we have to hold the taste of bitterness in our mouth,
> but when we swallow it,
> we actually enjoy
> the elegant sweetness and fragrance
> after the taste of bitterness.
> I know
> 'Ku (Bitterness/Suffering)' will never end.
>
> But for me,
> it finally comes with
> the taste of sweet from our difficult past

5.3.1.6 Voices from the Main storyline

As discussed, a client's lived experience of suffering can be understood as the 'voices' produced through the process of telling his/her stories 'for' his/her therapist. To take on this responsibility, a client's lived experiences are given

historical order by the act of interactive listening and understanding. The client's narration is developed as his/her subjective 'history of suffering' by the therapeutic encounter.

Hui-Yu's historical context of suffering has presented the process through which medical professions could become the narrated reality of 'threat' to one's ordinary life. From the beginning of our counselling, she described her hesitation with returning to CMUH as it reminded her of 'the period when I was beaten up by YH's diagnosis as an autistic child (in 2001) (S1)'. She developed a dichotic description of her life with YH: the 'difficult period' in which she endeavoured with YH's interventions between 2001 and 2005 and the 'ordinary life' in which she led YH back to normal education and found YH's non-difference from others from 2005 to 2008. In this history, Hui-Yu contextualises the process by which she conquered YH's limits defined by the medical profession and returned to a life without medical dominance but also found that she had to consider seeking help from the hospital again. Her hesitation showed how medical professionals could help her work through the experience of suffering, but could also be the 'threat' to the ordinary life which reminded her of 'the weakest period of her life (S1, S6)'.

To focus on Levinas's term of '**suffering for the other'**(Levinas, 1998, 2003; Todd, 2003; Gantt, 2002), the moral meaning of the 'other' in the case of Hui-Yu's counselling practice can be seen by understanding it as the '**son**' for which both Hui-Yu and I was responsible for. In Hui-Yu's subjective history of **'suffering for YH',** medical professionals not only medicalised her responsibility for her son, but also moralised her ability of being the mother of YH. This 'threat' from medical authority was also a moral pressure as it made her surrender to the medical dominance in

which ‘being a good mother’ was evaluated and judged. Hui-Yu’s two ‘crises’ were the examples that, in 2008, she was asked to return to CMUH for YH’s self-injury and, in 2001, she had to accept the arrangement of early intervention for treating YH’s autistic tendency and developmental retardation. While medical professionals conceptualised YH’s symptoms as clinically autistic, she was suffering from the medical political body in Taiwan. In her narrated history, not only how her past of ‘suffering for her son’ was given the dominant storyline of suffering, but also how the process of ‘suffering for the Taiwanese medical system’ was offered a space behind her lived experience of suffering. Hui-Yu’s experience of ‘suffering for the son’, therefore, was offered the socio-political facet of knowing the reality about suffering.

5.3.2 Subordinate Storylines: Other Stories because of Hui-Yu’s Suffering

Compared to the stories of how Hui-Yu was suffering for YH in the main storyline, I have generated the ‘subordinate storylines’ of her relationship with others, which was not the main focus in our therapeutic relationship. These stories, although they were not the subject of our primary therapeutic concern, present other perspectives of seeing the main storyline and different voices of Hui-Yu’s experience of suffering.

Three storylines which focussed on the relationship with three different ‘others’ will now be presented. The first storyline is about Hui-Yu’s relational change with her husband, which Hui-Yu had subjectivity interpreted as the transaction produced from the return of an irresponsible husband to a devoted son. The second part expresses her relationship with her daughter, in which she followed the traditional

patriarchal customs of Taiwanese tradition and made a dichotic choice between son and daughter. The third concerns her social relational change which reveals how YH's medical label moved her social map and formed a new supportive system within her local Association of Autism. Facing the parents in the Association, she developed her moral action as an example or resource for those who were coping with realities that resembled the past she herself lived and experienced.

5.3.2.1 The Irresponsible Husband

In our second counselling session, Hui-Yu firstly talked about her relationship with her husband, which was never mentioned in YH's psychological intervention since 2001, because it was 'too painful to talk about'.

Too painful to talk about

Why I have never told you about the period before YH was born
was because
I feel it
too painful
to talk about…
after all,
the worst period
had passed
and
the painful experience
should not be told again
….(deep breath)…after the taste of bitterness.
I know
'Ku'' will never end.
But for me,
it finally comes with
the taste of sweet from our difficult past

This story was actually new to me as I had not realised that Hui-Yu's relationship with her husband was a difficult issue to talk about. In my memory, YH's father brought him to our therapeutic sessions many times. I had very few conversations with him and very limited comprehension of his position in his family. Sensing that the conversation was becoming serious, I kept myself quiet and let Hui-Yu feel free to talk about her partner.

YH's Father, Lee

OK…
Before we knew YH as autistic,
Lee was not very responsible for this family
as he gambled and had complicated friendships with people.

Most of the time,
I had to be the only person
who kept this family, including the finances.
Being a wife,
you know,
I am very traditional.

Influenced by my mother,
I believe that for a woman
keeping a family is her responsibility
when she becomes a house wife.

Although
I was frustrated by the fact
that Lee could not be a good husband and father,
I convinced myself
that I could be at least the good wife and mother for this family.
So,
I helped him
deal with his business
and
looked after YH and Ling
alone.

For me, the stories of Lee had offered a new entrance to dig deeper into Hui-Yu's stories because, as assumed in this research, the context of one's lived experience embodies multiple issues regarding to our patriarchal social customs and family ethics. Hui-Yu's re-narration of her marital relationship and her insistence of her position in the family illuminated what the role 'mother' means to her. This will be further discussed as part of cultural issues and influences in Chapter 8.

With the understanding of our patriarchal culture, Hui-Yu then started to say how a 'son' could compensate the loss inflicted by an irresponsible husband. She used 'the centre of life' to illustrate how YH could keep her 'dream' of her family, until he was diagnosed as autistic.

YH, The centre of life and the broken dream

At the period
YH had been the centre of my life.
I told myself that
although I could not rely on my husband,
I could still have a son to
rely on.
Therefore,
I tried to forget Lee's irresponsibility.
YH's future became my dream.
I convince myself
that all my effort
would not be relative to my husband.
I was making the future to my son.
I was helping YH grow up with happiness.

However,
when you told me that YH has autism,
I was totally dragged into total helpless and hopeless
because the diagnosis
completely broke my dream.

I still remember
when I finished that consultation with you six years ago
and had to go home alone.

I did not take the bus to home
but chose to walk.
That was a two-hour walk and I could not stop
crying.

I just did not understand
why 'Lao-Tien' made my son as such a strict test.
He had given me an irresponsible husband,

why had he made my son have autism?'

For Hui-Yu, the diagnosis of autism broke Hui-Yu's dream that she could rely on her son rather than her husband, and made Hui-Yu directly confront God, 'Lao-Tien'. This discourse of 'broken dream' echoed Levinas's (1969) notion that in 'evil suffering' one naturally challenges the theodicy. In this experience, which Hui-Yu had previously found too painful to talk about, she expresses how the number of people she could rely on, from her partner, son and God, had dwindled down to none and she was alone with her life issues.

5.3.2.2 Lee's return and YH's sacrifice

However, in Hui-Yu's story, the confirmation of YH's autistic tendency had also made a dramatic change in Lee. Hui-Yu formed a transactional interpretation to this change, in which YH used his disability to negotiate his father's return. In our second session, Hui-Yu told me Lee's 'dramatic change':

A completely different man

When Lee came home,
he knew our son would have lifelong disease.
With mourning sadness,
for the first time
we could talk to and support each other.
You may not believe it but
after the day when our son was confirmed as problematic,
Lee changed.
He quit gambling and those complicated relationships.
He started to work,
manage our company,
and come home on time every day.
From that day,
he started to take the responsibility
as the householder of our family.

In these years,
Lee worked very hard.
We saved some money and had a better life.
Now
we could support each other in our family business and family life.

Since
YH had entered elementary school,
I started to work part time in our company.

When YH was struggling with his homework,
Lee was usually responsible for teaching YH English and mathematics.

Yes,
compared to himself to 6 years ago,
he is a completely different man.

Then, after a short hesitation with considering the 'superstition (S2)', Hui-Yu told me how she deeply believes that Lee's change was due to YH's 'sacrifice'.

YH's sacrifice

Therefore,
for me,
when YH was diagnosed as permanently problematic,
my husband returned to me
at the same day.
I have never told people
about my fatalistic thinking
about the relationship
between Lee's return and our son's disability….
(deep breath)
I believe that
YH sacrificed himself
to bring his father back to us.
I believe that
before he came to this world,
he might have a bargain with God
and use part of his life
as sacrifice
for saving this family….

This is the only way that I can explain Lee's return

With the cultural and fatalistic context, Hui-Yu developed the body of this metaphor as YH's sacrifice for their family's reunion, in which her subjective transactional context from a son's devotion to his father's return could re-moralise the family ethic that the father, mother and son could all resume responsibility for each other. Also, for Hui-Yu, this metaphoric connection beyond the pathologic reality could therefore heal the broken context of being a disabled wife and mother and therefore give another voice of 'suffering'.

I was moved by this story because it provided a new perspective to see Hui-Yu's experience. I will explore its connection with my own experiences and perspectives in the part 5.4 of this chapter.

5.3.2.3 Neglected Daughter

Another storyline about YH's elder sister, Ling, was developed by telling Hui-Yu's stories of suffering for YH. A few years ago, in the period of YH's psychological intervention between 2001 and 2005, Ling was an elementary school student. When Hui-Yu, YH and I were in the therapeutic room, Ling was always sitting and writing her homework in my office. In 2008, she had began her puberty age and started to have frequent conflict with Hui-Yu, as Hui-Yu mentioned in our fifth counselling session.

Ling, YH's elder sister

I worry about my daughter Ling
17 years old
but still very childish.
She always locks herself in her room,
listens to music loudly
and can sit in front of a computer for a day.
She does not want to talk with me,
her father and
of course
her little brother.
Honestly,
I found
I cannot communicate with her, even more difficult with YH.
Sometimes
I just feel
ironically
that I can understand my autistic son,
but
cannot understand my normal teenager daughter

In this ironic context of 'being able to understand the autistic son but not the healthy daughter', she retracted the past that she had to make the choice of 'either the son or the daughter'. Because of YH's condition, she had to face making the

difficult decision to choose YH but not Ling. As she put all her effort on YH's medical intervention in Ling's childhood, Hui-Yu used the word 'neglect' to talk about her relationship with daughter.

Neglected daughter

I know
I spent very little time
on accompanying my daughter.
I do know
compared to my effort on YH,
I am actually an irresponsible mother
to my daughter
because I had to concentrate on helping my son.

When YH was young and I was responsible for YH's early intervention
she always complained to us
about leaving her alone in the home.

You know
YH needed my concentration on him
and therefore
I had really no time to look after her.

I am
usually feeling guilty
because I had never spent enough time on her…..

Actually,
I had no expectation on her.
I just hope she can have an ordinary life,
find a good person to get married to,

and if possible,
I hope
she can take care of YH

when Lee and I have no ability to help our son

Actually, in this disclosure, Hui-Yu showed the paradoxical emotions she felt towards her daughter. On the one hand, Hui-Yu said she 'had no expectation' for Ling, but, on the other hand, she expected that one day Ling could take on her most important responsibility of looking after YH. However, again, we did not focus on this complex with the daughter, because our main counselling concern was the mother-son relationship. Yet, Hui-Yu mentioned another transactional context of a 'woman's identification' of why she hoped Ling could be another woman like 'herself':

To a daughter

I think
I am influenced by my mother
so that
I treat Ling inferior to YH.

I always try to teach her
that since she is the elder sister,
helping her little brother is her
unavoidable responsibility.
For example,
a few years ago,
I brought YH and Ling to a steak restaurant for dinner.
The restaurant was full and therefore we needed to wait
until there is space for us.
You know,
when YH feels bored
he speaks to himself and
plays strange games alone.
He played with his slippers
when we were waiting and
accidentally,
he slid one slipper into
a nearest customer's dish.

We were too shocked to respond
and the customer was furious and was shouting at us.

Then,
YH started screaming and
fiercely hitting his head
by his fists.

I teared,
immediately said sorry to the customer,
held YH tightly and
tried to calm him down.

I still remember that
three of us crying together and
for the first time
I apologised to Ling.

With tears,
I told her that
'I am sorry to make you feel so lonely.
That was all mom's fault
but see…
I have to look after your brother
every second and every minute.

You have to learn to grow up by yourself'.

Hui-Yu's 'sorry' articulates a cruel decision in which for YH she had to neglect Ling and ask her to 'grow up by herself'. As the counsellor, I did not choose to keep focussing on her apology to Ling because Hui-Yu did not put the mother-daughter relationship into our main conversation. I chose to listen to these emotions, and understood how Hui-Yu transacted the 'woman's responsibility for the family' from her mother to her daughter. Seeing how she was taught by her mother and now was teaching her daughter, I reflected that Hui-Yu was likely teaching Ling to be

another version of herself. Not only her way of taking responsibility for the whole family, but also the way she neglected Ling was akin to the way she neglected herself in facing difficult life events. In our fifth session, she heaved a sigh, and explained the 'gap' between Ling and herself. The cultural meaning of 'woman's ethics' will be discussed further in Chapter Seven.

A Big Gap

I actually know
the reason why between us there
could be such a big gap
because
Ling has been asked to look after herself
since she was very little.

Between a mother and the daughter,
I found myself difficult to feel her needs and feelings.

For example,
last week
I bought some ice cream for the dessert after dinner
but I did not buy mine.
When Ling found it
she became very angry.
She threw her ice cream onto the ground,
shouted at me
and said
'why can't you treat yourself better?'

She irritated her father
but
I took a period of time
to understand that
she was taking care of me.

You know,
just like that,
I knew we really love each other
but
we always feel the sign of
love
in different timing.

Yes,
We just
kept missing each other

The context of 'we really loved each other, but kept missing each other' was a voice of pity, which became a sharply contradictory voice of Hui-Yu's effort for her son. For me, we could not further explore this voice and, for me, that became the pity of our counselling practice.

5.3.2.4 Changing Friendships: Helping other mothers of autistic children.

The final storyline was Hui-Yu's change of her interpersonal relational map. Since our counselling practice was an eight-session period of brief therapy, one of my therapeutic intentions was to help her integrate her social resources. Therefore, this storyline codified how Hui-Yu formed her social support and changed her relationship with society. For example, in the third session, I firstly asked her how she could manage her relationship with other friends. She used the term of 'safe distance' to describe how she prevented herself from receiving friend's care or concern which could expose her to the fragile context related to YH's autism. She said:

Friends

I don't really want to talk about the same stories about my sick son
again and again.
I think
that was the reason what I don't want to contact my friends.
So
if you ask how I could gather support from my friends,
I would rather say that I had really no friend to
rely on….
In fact,
YH's autism has changed my friendship.
I could not maintain it
like when I was young and
could dream and play with them.
Now
I just want to have a
safe distance with them

so I don't need to repeatedly
spend time on
showing my difficulty and frailty to them.

As discussed earlier that medical situation could change and threaten one's life, the son with autistic tendency changed Hui-Yu's social relationships and support. From her narration of YH's medical interventions in our fourth session, she mentioned that she started to maintain new friendships with other parents who also had children with disability from the classes of early intervention. She therefore attended the Association of Autism in Taichung city and became a member of it. Then, since YH was regarded as a model of remarkable progression in 2005, Hui-Yu was regarded as a parenting model and the Association referred other parents so that she could help them through sharing her personal experience. Her social support had mainly moved to the relationships she developed in her local Association of Autism.

Without Too Much Saying

Since YH was regarded as making 'remarkable progression',
We became an successful example and
the association of autism started to refer
the mothers who have troubles with their autistic child
to me.
I could therefore share my experience
with them.

From their eyes,
actually,
I saw myself in a previously difficult time.
I know
I can really help them and
I enjoyed talking with them.
So,
I think
the social support was mainly from the association of Autism.

The help from it is important
not only because it provides information about medical intervention
but also it made our experience of suffering
understandable by other people like myself.

You know,
we can share the information of good hospitals,
good doctors and
therapists
but the most important thing is
that our experience can be understood
in this institute.

Since our children are all autistic,
we could understand each other's difficulty and effort for our child

without too much saying.

Being understood 'without too much saying' caused the association of autism to connect Hui-Yu with the parents who had a similar experience and context of

suffering. In the association, Hui-Yu redefined the context of 'self' from helping the others who were like her in previous different times. Her history of living with YH therefore could enable her to understand the similar experience of suffering in the context of the Taiwanese medical and political system. To know more, I asked how she could designate her ability of helping others. She answered and switched the learning from her relationship with me, in which only the parent can help the sick child, to discovering the most important thing is to 'believe in their ability of being a parent', as she said in the fourth session.

The Only Important Thing

What medical professions could provide is really limited.

The reality is like
what you had told me in the very beginning:
'No one could help your son if you feel you cannot'.

If I haggle over how our society and government could help me,
I will be never satisfied.

Therefore,
when association of autism
referred the mothers with autistic children to me,
I always told them that
they should stop criticising our society and
believe in their ability of being a parent.

We should rely on ourselves and
admit our difficulties of
teaching our children.

Then
we will start to have the space of
appreciating the help from others.

That was
the only important thing I could share with them

The incomplete medical system in Taiwan emphasised her inescapable lifelong responsibility which only belonged to her moral position as the 'parent'. In this position as a helper, she could transfer her conversation with me, a medical professional, and use it to encourage others who could share the same experience of suffering as herself. This storyline provides the sociological perspective of how Hui-Yu could find the social support to cope with the 'social suffering', in which our socio-cultural and political world conditioned our experience of suffering (Wilkinson, 2005). Since the label of 'autism' given by the medical reality and its political structure had shaped a interpersonal barrier in her original social relationship, in another socio-political institute, the Association of Autism, the label of autism also diminished the interpersonal barrier in the group with herself and the other parents 'who were like herself'. In this storyline, when Hui-Yu described her mobility from finding help to supporting others, its context was also echoing the social anthropological notion that suffering is also political and sociological.

5.3.2.5 Voices from the Subordinate Storyline: A discussion of Sacrifice

The three subordinate storylines above showed different contextual development from the main storyline around which Hui-Yu's life was based. In terms of hermeneutic phenomenology, these storylines could be seen as the difficult hermeneutic horizon of Hui-Yu's lived experience of suffering, in which they informed and extended the sociological, cultural and political meaning of 'suffering for the son'. The storylines with her husband, daughter and the Association of Autism, as presented, had given the voices of how our local religion, culture and

custom in Taiwan could have influenced a mother's self-identification, parenting function and family behaviours.

The metaphor of 'sacrifice' could serve as the concluding discussion here which has illustrated the multiple facets of the 'suffering transaction'. The 'sacrifice' where the son devotes himself to Lao-Tien, or God, showed the transaction between Hui-Yu's husband's irresponsibility and her son's disability. In this transaction, 'God's help' was subjectively developed as the exchange where God endowed her with a sacred son so that she had the moral responsibility for YH 'before' he became the son and she became the mother. Hui-Yu developed the subjective rationality also in the transaction between YH's disability and her lifelong responsibility in which her 'suffering' was due to her son's 'sacrifice' in his 'last life'. Fitting our Buddhist-Daoist custom, the 'responsibility' was developed as the 'debt' she ought to pay in 'this life', in which she has to experience and accept the lifelong suffering (Kleinman, 1980).

Between generations, the responsibility was transacted from a mother to a daughter, as was the suffering. While Hui-Yu focussed her effort on a sick son, we were also developing the opposite understanding about her daughter Ling, the neglected daughter. As she said, for the intensive medical interventions for YH to truly make a difference, Hui-Yu had to make the choice between her son and daughter: she chose the son. We have explored the background of Hui-Yu's stories in which her patriarchal attitude was inherited from her mother and therefore she was also passing the same values to Ling. Hui-Yu tried to root out the context of 'having the unavoidable responsibility of looking after the sick brother (S5)' in her everyday interactions with Ling, in which the woman's traditional role was

transacted between generations. The context of 'sacrifice' meant not only YH's endeavour before 'this life', but also Hui-Yu's choice of neglecting the daughter. In the 'last life', YH sacrificed part of his life to save the family. In 'this life', Hui-Yu sacrificed the relationship with her daughter to save YH.

In addition, Hui-Yu's stories of the neglected daughter conveyed the common gender difference of parents' attitude between the son and daughter in Taiwan. According to my work experience, in a family, by no means is the mother the main carer. If the 'son' was found having a chronic disease, the 'daughter' is usually given the responsibility as the carer of her brother. However, if the 'daughter' was found to have a lifelong sickness, the 'son' is usually given the responsibility of achieving good employment or academic performance so as to bring honour to the family rather than being assigned the responsibility of taking care of his sick sibling. Understanding Hui-Yu's story actually requires further exploration of the socio-cultural embodiments of our interaction, which will be discussed in more detail in Chapter Seven.

5.4 The 'Understanding' from a Counsellor's Point of View

In counselling practice, a counsellor can be understood as the 'co-constructor' of a client's narratives as s/he engages in the responsibility of listening, probing, and responding to client's narration (McLeod, 2001; Speedy, 2007). For Hui-Yu, I am '*an old friend* (S1)', the person who 'witnessed the worst periods of her life (S8)' and the medical professional who 'knows how difficult teaching YH could be (S2, S3, S4)'. Engaging in this relationship in 2008 involved not only the ethics of helping the other or being helped, but also, due to our previous encounter, recognising our

shared history before we positioned ourselves in this therapeutic re-interaction.

This final part of this chapter aims to present the process of implicit 'understanding' of Hui-Yu's experience of suffering from a reflexive point of view. Along with the data collected in the counselling practice and supervision, I explore my own responses toward the client and the lived experience behind these responses. In terms of hermeneutic phenomenology (Manen, 1990, 1997, 1998), one's interpretation of others' lived experience involves how s/he works with his/her 'pre-understanding' which is from his/her subjective interpretation of the lived experience of him/herself. To explore the 'understanding', I will be reflexive in regard to my subjectivity of this encounter as the context of my 'pre-understanding'.

For me, two parts of my own lived experience influenced the way in which I encountered Hui-Yu's experience of suffering. The first is the period of being YH's therapist between 2001 and 2005, when we were all conquering the difficulty of YH's medical label. The second is my own history of living in a family with a disabled member, in which Hui-Yu's stories and mine had a similar socio-political condition like social welfare and cultural issues of family ethics. Since through the therapeutic relationship, we co-contextualised the context of suffering in this mutual understanding process, my own lived experience related to understanding how Hui-Yu's 'suffering' had been the part of storytelling. Therefore, this part of writing will focus on my exploration of self. Through my encounter with Hui-Yu's experience of suffering, I could thereafter explore what 'suffering' meant to me.

5.4.1 Therapy as The Construction of the 'Mother' Image

The therapeutic work between 2001 and 2005 was produced by positioning Hui-Yu as a co-therapist of YH's psychological intervention. The way in which I put her into her son's therapy was due to two therapeutic concerns. Firstly, Hui-Yu was the one who knows her son best and has the most natural emotions and responses to YH. For YH, I was a stranger; the best way was allowing myself to slowly enter the relationship between them. Also, learning from Hui-Yu, I could observe how Hui-Yu comforted YH during the failed therapeutic trials and therefore could shape my interaction with both of them. Secondly, although the therapeutic aim was based on the concern for YH's behavioural and cognitive change, as the therapist, I was also facing an injured parenting relationship. As a result, by deeming Hui-Yu as a co-therapist, I could conceptualise a baseline of the interactive quality, so that Hui-Yu and I could develop our alliance and recovery so as to make the mother-son relationship a 'better' interaction from this point. This three-and-half-a-year intervention, as presented, caused YH's remarkable progression which was regarded as the model of parent-professional cooperation by CMUH and the Association of Autism in Taichung city. Further, the progression caused not only a leap of YH's intelligent, psychological and social developmental indexes, but also the 'return' of Hui-Yu's 'mother position' in which she was capable of handling the difficulties and problems of her son. As the therapist, I was also in the moral position as a 'witness' who experienced the whole process of YH's remarkable leap but also Hui-Yu's endeavor in this medical environment to break through YH's perceived limitation as an autistic child.

Moreover, in this process of making the mother 'mother' again, not only the

‘mother’ image in Hui-Yu’s relationship with YH was to be rebuilt, but also the ‘mother’ image in my mind—that a female could do everything for her family and my son—was reshaped and re-contextualised. During the period between 2001 and 2005, we unavoidably had to deal with numerous difficult failures due to YH’s developmental limitations. To help her son break through these limitations, Hui-Yu had to suppress her pressure and YH’s strong emotions and work on YH’s therapeutic tasks many times in our therapeutic room and in their home. For me, I often saw her holding the worry, stress and tears, so that she could lead YH in finishing what would be a simple task for a healthy child but was difficult for her son. Often, after our sessions for YH, she let herself cry for a moment. While I was supporting my client as a therapist, I also, through this work, as a son, was reconstructing the image and context of a ‘mother’, who, in the context of Taiwanese custom, could keep silence and do everything for her family. I related Hui-Yu’s experience for her family and son to my own mother’s past. The therapeutic work that took place between 2001 and 2005, in other words, allowed me to again understand the role of mother by seeing how another mother could do her best in her efforts to help her son. Behind the triumph caused by the subsequent evaluation of YH’s progression, this therapeutic work actually reassured and codified the context of the ‘perfect mother’ who could eventually reach unbreakable success. I found that I was able to access this idealisation and was proud of this therapeutic relationship with Hui-Yu.

5.4.2 My Ethical Crisis

To illustrate my individual ethical crisis articulated by Hui-Yu, I need to tell the story

of my mother, who, like Hui-Yu, silently behaved in a traditional 'mother's role' in my family. Growing up in a rich family in 1940s, as the first girl in her family, before she married my father, she did not need to do any house work. On the contrary, my father was from a family with low income. When they got married, he had still eight younger sisters and a little brother to look after. Although he graduated from the best university in Taiwan and acquired a respectable job as a senior high school teacher, with the undeveloped social welfare policy in Taiwan, his salary was not enough to cover the expenses of the whole family. This reality was accentuated when his mother had a stroke, while his youngest sister required special education and his five other sisters and the younger brother were all still studying at school. My mother therefore had to learn how to live in a poor condition with a large amount of housework.

When I was two years old, my father decided to attend an agriculture support programme funded by the Taiwanese government in Congo; this was dangerous as Congo was still in the period of civil war but it could give very abundant payment to my father which could be used to support his family. Between my ages of two and four, my father was therefore far away from home and my mother, because she was the eldest son's wife, in Taiwanese custom, had to take my father's responsibility of organising the everyday family affairs and looking after other members, including my ill grandmother, disabled aunt, other aunts and uncle who were still in school, myself and my two younger brothers. According to her, my mother said that this was the most difficult period of her life.

In working in such close distance with a mother, my relationship with Hui-Yu enabled me to track a mother's lived experience of accepting and taking

responsibility for her family. Based on my three-year therapeutic work with YH, I could now know why the mother would blame herself, why she was happy for her son, what she was crying for, and what she could spend a long time waiting for. As the therapist, I saw how a mother could endure the painful failures and achievements of her son's progression. Through witnessing, Hui-Yu showed me how a mother faced and dealt with family difficulty and thus she helped me recreate my image of my mother who had also silently experienced a difficult family history since I was young.

Accordingly, when in 2008 Hui-Yu returned to CMUH with depressive disappointment and described everything as being 'back to the original point' and 'all in vein', she challenged our past 'triumph' with YH as well. Since the diagnosis of YH's high function autism would never change, what it had challenged in me was not only reminding me of the therapeutic failures I had experienced before, but also threatened the collapse of the 'perfect mother' context. Compared to Hui-Yu's disappointment, this reunion put me in a similarly disappointed situation regarding to our work together. For me, the return had meant the relational crisis between herself and her son, between herself and me, and also between myself and my mother. In short, YH's return to the hospital caused me to experience ethical crisis as well.

5.4.3 The Anxiety of Knowing my Mother

The counselling practice in 2008 enabled me to have direct conversations with Hui-Yu, which was different from the past in which I understand Hui-Yu's suffering through my observation of YH's therapeutic session. In 2008, we could maintain a

simple therapist-client relationship and so Hui-Yu's family background and interpersonal relationship could also be directly told and understood. The ethical meaning of the mother's experience of 'suffering for the son', therefore, could be given in the process of speaking and being listened to.

When Hui-Yu was constructing the context of her suffering for YH, in my position as her counsellor, I found that my anxiety was rising, especially when I had been so deeply involved in constructing the ethical context of being a 'mother'. When Hui-Yu was telling me how she insisted on being the silent wife and attached herself to the Taiwanese local expectation for a woman, I could understand my mother again with the context created in Hui-Yu's stories. For instance, when Hui-Yu talked about Lee's irresponsibility for the family, choosing silence and endurance, and trying hard to keep 'the family' so as to fit the 'woman's tradition' taught by her mother, I understood that when my father was in the Congo and when my mother silently accepted her responsibility of looking after my aunt, what my mother insisted upon was the same moral image of 'the mother' that Hui-Yu contextualised. Through my counselling practice, when lived experience was transformed into language, the story was told, listen to and understood, I saw how the two 'mothers', Hui-Yu and my mother, could made the unvoiced decision for the family because of our social tradition and custom. Through listening, I could understand how this decision could be incredibly heavy and cause emotional distress.

Actually, through engaging in Hui-Yu's experience of suffering, I found myself becoming more attached to my mother whom I had never known before counselling Hui-Yu. Being the closest son, this awareness was stressful and anxious as the images of the two mothers became overlapped in our dialogue. When I grew

up, the other aunts and my uncle had also left home and had their own families. The big family became smaller and finally only the youngest aunt lived with us because in our Confucian culture 'the elder brother is as if the father, and his wife is as if the mother' (Hwang, 2001a; Hwang and Chang, 2009). Seeing how Hui-Yu was fighting with the 'unkind society', I found I had neglected that my mother was also the main carer of my aunt. I started to remember that when my aunt was ill and needed to go to the hospital, my mother, like Hui-Yu, rode her motorcycle and brought her to the hospital with a worried face. Since my father worked, she was the main caregiver of not only myself and my two younger brothers, but also my aunt. I found that, as a son in our patriarchal cultural context, I could see my father's responsibility and decision for his little sister, but I took for granted my mother's support and how she did not take less responsibility for our family than my father. Since looking after my aunt was a lifelong effort, in the counselling in 2008, Hui-Yu's stories helped me articulate my mother's lived experience of suffering.

Accordingly, the 'understanding' of the way in which Hui-Yu managed YH's problems rewrote my understanding of my mother. Because of the therapist's ethical responsibility of encountering a client's suffering (Schmid, 2001, 2004), I could understand a mother's struggles not only with the disabled son but also with the local ethical context of 'the mother' which is valued by our culture and society. From this counselling practice, Hui-Yu's stories became the voice of my mother and subsequently I gained a new relationship with my own mother as I supported Hui-Yu, another mother struggling with her own role as she balanced her life and family in the context of socio-cultural values and traditions.

5.4.4 The Awakened Context of Suffering: My Self-Condemnation

Through therapeutic supervision, the awareness of understanding 'mothers' was transformed by the context of the criticism and condemnation of myself. Actually, I know how my family and my father had influenced my clinical work because his words, indications and decision were always the focus of my family. However, the years of work with Hui-Yu let me understand that, while I used my lived experience to work with other families like mine, I did not include my mother's effort in my subjective context of 'how my family had influenced me'. I was used to my mother's silence so that I could not see the difficulties she had experienced.

My anxiety was becoming stronger as I came to know more about 'mother' and understand more about how I did not understand my mother's experience of suffering. This understanding of myself soon became a heavy moral pressure on me, on a son who was previously unaware of his mother's suffering. For me, that is a new context of suffering collected from the responsibility I assumed in Hui-Yu's counselling practice. I gave the anxiety a label of 'being unfilial (SS4[26])': I could not understand my mother's sacrifice for our family and, because of this, took her effort for granted for thirty years!

Accordingly, from Hui-Yu, this long-term accompaniment and narration became an impacting shock to me. 'Suffering', as having its cultural moral values and weight, was transacted from her mother-son ethical conflicts to mine. When Hui-Yu's stories were understood as the context in which a mother was taking on the difficult responsibility for the disabled son, in the witnessing position of the therapist, I connected this suffering to my disability of understanding how my own

[26] The fourth session of my therapeutic supervision in Taiwan.

mother took on full responsibility for us. The action of ‘understanding the other’ itself became a moral reflection of myself, and so I was given a moral issue regarding my relationship with my mother in my thirties, as I re-conceptualised myself to be an unfilial son. The moral weight and value of suffering, as reflected in Chapter Two, was transacted from Hui-Yu to myself, by means of our mutual encounter. Further discussions about Taiwanese local-cultural contexts of transaction will be processed in Chapters Seven and Eight.

In the next chapter, I will represent my fieldwork with another client, Tai-Ya, a father with an autistic son. Similar to the representation of this chapter, I will reflexively review how this therapeutic could encounter made the ‘transaction of suffering’ in our developing therapeutic relationship.

Chapter 6 Tai-Ya

6.1 Introduction

In this chapter, similar to the structure of the last one, I will represent my fieldwork of psychotherapeutic practice with Tai-Ya, a father with an autistic son, Kevin. In CMUH in 2008, Kevin was referred to my medical service of psychological intervention and Tai-Ya was then invited to the counselling service and this research. Therefore, in 6.2, I will share the narrative representation of how I recruited Tai-Ya into the services of CMUH. The socio-cultural and geographical background of these stories will be briefly introduced in this this section of the chapter. In 6.3, I will show how Tai-Ya's stories, transcribed after our counselling services, are transformed as poetic forms and I will reflect on our counselling relationship. Using the same analytic structure as Chapter Five, Tai-Ya's contexts of suffering will be poetically represented by presenting the main and subordinate storylines of her dialogue/narrative in our therapeutic sessions. In 6.4, I will reflexively reflect upon how my experience of suffering was articulated by Tai-Ya and Kevin. The self-analyses and exploration on my life history will be presented in this final part of this chapter, and readers will be invited to explore the forest of intertwined history co-constructed by Tai-Ya, Kevin and myself.

6.2 Recruiting Tai-Ya

In February of 2008, my colleague, a special educator, Mrs. Jiang, referred to me a four-year-old boy called Kevin with autistic tendency. She requested that we participate in multiple-disciplinary cooperation in Kevin's treatment in which she was responsible for Kevin's improvement of cognitive abilities as well as daily habits and routines, and I was responsible for his psycho-social functions. After the arrangement of his psychological evaluation in CMUH, together we planned our approach for Kevin. Also, considering the benefit of counselling to Kevin's main carer and myself, I invited Kevin's father, Tai-Ya, to participate in this research. The data presented in this chapter was collected through our practice in the counselling room in CMUH in 2008.

The referral by Mrs. Jiang was based upon the multiple-disciplinary model of early intervention in which medical professionals could refer a patient with developmental delay to other professionals by means of the responsible podiatrist's advice. In CMUH for example, paediatric neurologists, clinical psychologists, physiatrists, clinical psychologists, language therapists, physiological therapists, occupational therapists and special educators are regarded as the professionals who provide the cooperative treatment of a child's developmental delay (Kuo, 2005).

However, in CMUH in 2008, referral to clinical psychologists for psychological intervention had become nearly impossible. Because of the limitation of the policy of public health insurance, the process of psychological evaluation could cost the medical society far more than that of intervention. Accordingly, the managers of

CMUH did not encourage psychotherapeutic methods like psychological intervention. Also, psychologists tended **NOT** to do it because the intervention meant having long term relationships with their clients for much lower salary incomes. However, Mrs Jiang understood that that I was available for long term practice, and that is why she requested my help with the treatment of Kevin's condition.

Mrs. Jiang worked as a part time special educator in CMUH. At the time of our cooperation, she was 46 years old and had 27-years experience of teaching children who were labelled as having developmental retardation; she also owned her own kindergarten for disabled children which was situated in a church. When I worked as a paediatric psychologist between 2001 and 2005, we had good cooperation from many families with children with mental disability.

In 2008, when I returned to the same position as a paediatric psychologist in CMUH for this study, Mrs. Jiang and I met up and she criticised the 'immoral' irrationality of the health policy for labelling more children as having developmental problems but giving less solutions for these families. We were also pessimistic about the reality that new clinical psychologists refused to do treatments because of money. In the period of my return, I still conducted psychological intervention in the paediatric department in CMUH but after I came back to Scotland, I saw that other psychologists still chose to work in the clinical diagnosis field, rather than in direct intervention work.

6.2.1 Tai-Ya and Kevin

Mrs. Jiang knew Kevin's father Tai-Ya from a mutual friend in her Kindergarten. Tai-Ya lives and teaches Mathematics in the only private Christian senior high school in Pu-Li town, which is the geographical centre of Taiwan and a beautiful location far away from Tai-Chung city where CMUH is. In Mrs. Jiang's description, Tai-Ya was a father 'atoning for his wrong decisions of three years ago in not helping Kevin'. In 2005, Kevin was suspected of being autistic but there was little medical information or services in Pu-Li. Tai-Ya, his wife and parents refused to admit to the label of 'retardation' and trying any further medical service in the nearby cities. From their own social link, they found an alternative occupational therapist in Hsin-Chu city, further away from Tai-Chung, spent a huge amount of money and left the two-year-old Kevin living with this therapist for training five days a week for nearly two years. That meant, that means from Kevin's age of two to four, which is a critical stage in a child's development when a child needs parents' care, he was 'abandoned' with an outsider. In late 2007, Tai-Ya found that Kevin's pervasive development had not improved much and was even more delayed than other children of his age. Regretful about his wrong decision, Tai-Ya started to become worried and anxious. He desperately sought other medical help again and found Mrs. Jiang. From figure 6.1, a reader can have a geographical sense of the distance between (A) Pu-Li, where Tai-Ya lives, (B) Taichung, where CMUH is, and (C) Hsinchu, where the occupational therapist lives.

Figure 6.1. The location of where Tai-Ya sought for medical help

6.2.2 The Setting of Multiple-disciplinary Intervention: Special Education, Psychological Intervention and Counselling Practice

In March, Mrs. Jiang arranged the appointment for Kevin's psychological evaluation. Tai-Ya, his wife and Kevin arrived for assessment in CMUH and for the first time I saw Kevin. He was four years and six months with dimples on his cheeks, a bit overweight and still wore his diaper. He spoke a certain amount of meaningless English vocabulary but no Mandarin. He also did not communicate with any of us in the evaluation room. I showed several toys to him. He quickly found an interesting one, grasped it from my palm and ran into a corner. Without establishing eye contact with anyone, he played with the toy and made pleased tones in his safety field as if there were no one beside him. I observed him, chose a similar toy, and slowly moved myself closer to him. With that toy, I entered his game and then

started to lead him to my desk for evaluation purposes. I showed him crayons and papers on the desk, and Kevin sat down on the chair, scribbled on the papers and exchanged his crayon with mine. Tai-Ya and his wife were shocked as their son had never played so well with a stranger like me. 40 minutes passed; the evaluation finished smoothly and successfully. I made my pathological interpretation and explained to them: Their son had very good ability in fine motor development and memory function but, like previous diagnoses, he had very limited psycho-social abilities to act with others. Actually, Kevin had learnt a lot. In certain cognitive tasks, Kevin could even show better performance than other children of his age. However, because of the limitation of his social development, he could not behave properly when engaging in appropriate social interaction. Therefore, people did not only underestimate Kevin's ability but also underestimated his parents' effort with him. I told his parents that Kevin had a very high possibility of making significant progression in a short time, if they could trust the intervention of Mrs. Jiang and myself. The process of my evaluation convinced Tai-Ya. He decided to work with us; Kevin would attend Mrs. Jiang's course of special education for improving his cognitive ability and my courses for improving his psycho-social ability once a week.

Since Tai-Ya had to spend hours in traffic between Pu-Li and Tai-Chung for each session, after explaining the informed consent of this study, we decided the setting of Kevin's intervention and his counselling practice: He would work with me in Kevin's psychological intervention in which he would be the co-therapist of his son's psychological progression. When Kevin attended Mrs. Jiang's course, we would have our counselling practice in the counselling room rather than the room of Kevin's cognitive training. That means he had to come to CMUH twice a week, which was

less time-consuming and allowed him to participate in his son's therapeutic session; meanwhile, Kevin would do Mrs. Jiang's course and participate in his own counselling sessions.

6.2.3 Kevin's Intervention and Tai-Ya's Counselling

Accordingly, the process of Kevin's interventions was tightly connected with Tai-Ya's interaction with me. The trust between Tai-Ya and myself was not only developed through our weekly conversation, but also our work together with his son. Actually, from the meeting, I found Kevin demonstrated a good performance in many psychological tasks but could not show them in the proper social situations. Also, Tai-Ya understood his son's talent and potential but often failed to help Kevin behave properly at the right time and right place. As the therapist facing this difficulty between a son and his father, the objective of Kevin's intervention was to enhance Kevin's social function and improve Tai-Ya's parenting skills and ability to help his son. Accordingly, in Kevin's therapeutic sessions, Tai-Ya was asked to sit aside Kevin and me, as well as in front of him, I did my work. I designed socio-psychological and cognitive tasks which fit Kevin's abilities, guided him to play the tasks with me, set up more complicated tasks and played with him. In front of Tai-Ya, I tried to be a teaching model and showed him that what I was trying to do was simply find a way of playing with Kevin so that Kevin could know how to play with us. I showed him that, from a therapist's view, a social interaction with Kevin could involve a very short time of mutual eye-gazing, and possibly a repetitive simple play of give-and-receive. I tried to show Tai-Ya that the playing process is interesting and

important, rather than focussing on how correctly Kevin was finishing my tasks. In fact, Tai-Ya was surprised that Kevin could play with me with good interaction. He tried the tasks at home, imitating my responses and started to enjoy the short moments of playing together. In doing so, I was proven to be trustworthy and my relationship with Tai-Ya therefore also developed through Kevin's intervention.

Yet, the intervention process was not always smooth and successful. Sometimes I failed to interact with Kevin in my designed tasks and Tai-Ya watched the whole failing process. For example, I might unintentionally design a boring game that Kevin did not want to play and instead would cry or be angry. In instances like these, I appeared to be a 'dysfunctional' therapist to Tai-Ya and had to find ways to amend my failures. Tai-Ya therefore sometimes became the helper because he could inform me of the best way of soothing his son's emotions. In this process, our position switched. In this case, I became a 'helpless father' like him and he was helping me sort out the chaos. Failures provided further understanding. Compared to the therapeutic success of Kevin's progression, my failed trials provided Tai-Ya with a nonverbal empathetic reflection of his inability to control his 'wild son' (S2).

6.2.4 The Formation of Qualitative Data: The Work with not only Tai-Ya but also Kevin

How a researcher and participant(s) develop their relationship with each other determines the qualitative data of research (Bruner, 1995; Frank, 2007). In this research, although the data was produced mainly from the conversation that took place in Tai-Ya's counselling sessions, the relationship between him and myself was

not only decided by our counselling encounter but also by Kevin's therapeutic work. As Tai-Ya attend every session of it, he and I observed each other's interaction with Kevin in his intervention sessions. For Tai-Ya, he watched how I succeeded or failed in my tasks for Kevin and, for myself, I observed how he was 'fathering' his son through his responses to Kevin. The implicit conversation was therefore shaped in the shared experience of encountering each other in Kevin's psychological treatment, and deepened our dialogue of the counselling practice itself. The following section 6.3 will present how our developing relationship with each other developed our conversation and research data.

6.3 The Data gathered in Tai-Ya's Narration in the Counselling Sessions

Following the structure of the last chapter, the data from Tai-Ya will be presented first by collating the stories within it. The aim is to convey the 'subjective and genuine voice' of Tai-Ya and to enable the data to 'tell the stories by itself' to readers (Bruner, 1986, 1990; Bourdieu, 2002) which will be presented later in this chapter. Methodologically, the analysis in this part of writing is to put Tai-Ya's narrations in order by their own particular themes. Similar to the last chapter, the **main storyline** contextualises Tai-Ya's principal engagement with the counselling practice in which he was narrating the stories of how he was suffering for his son. In the **subordinate storylines,** the stories developed by other contexts, like the developing relationship with his father, wife and religion, will be presented.

6.3.1 Main Storyline: Forming Tai-Ya's Voices of Suffering

In our beginning sessions of counselling practice, Tai-Ya started our dialogue by telling me the stories of his life since Kevin was diagnosed as an autistic boy. Facing his accumulated sorrow, sadness, anger and unfairness, I kept myself almost silent, as I felt that these embodied emotions were eager to come out and he needed me to attentively listen to him. He teased himself about his inability to be Kevin's father, accused the useless environment of society and family, and confessed regret about his perceived failures with his son. With silence, I became the non-judging listener and witnessed how living with Kevin could make this father suffer.

6.3.1.1 The Useless Society

Unavoidably, in our dialogue in the counselling sessions, Tai-Ya showed strong emotional expression and criticism of his son's label of 'autism'. He used the term 'useless diagnosis' to describe his son Kevin's autistic tendency. On the one hand, Tai-Ya had to accept this label so he could benefit from the social welfare in Taiwan, although finding a medical resource for him was very difficult. On the other hand, he also found the medical context did not make his life better but even worse. However, when 'autism' was introduced to him as a lifelong disease, he had no choice but to accept it.

Useless diagnosis

Although
Kevin's uncommon behaviours and bad conducts
could be explained by 'Autism',
this explanation actually does not
make any sense to me at all.
We do not need this medical explanation…

It is just the academic description of one tenth of Kevin.
We know far better than doctors and psychologists do.
We just cannot speak academically like them

If it (Autism) is a disease,
tell me how we can heal it.

Doctors and psychologists convinced me
that it is a disease,
but have not told me the way to treat it.

They gave me a road to go,
'early intervention',
but they cannot promise me that

Kevin will be back to normal.

As presented earlier, Tai-Ya lived in a rural area where Taiwanese medical resources were never sufficient for his need of helping Kevin. The only way was to obey the policy of 'early intervention'. However, travelling around Pu-Li and Tai-Chung was a big challenge to Tai-Ya. For him, not only the medical label of autism and early intervention, but also the geographical barrier produced by our inconvenient society became an unchangeable and pre-existent source of suffering. In our counselling practice, he accused this 'unkind society' and its ridiculous medical system.

Unkind society and Ridiculous 'Early Intervention'

Since Pu-Li had no resource for early intervention,
we have to find resources by ourselves….

In Tai-Chung,
the courses of 'early intervention' were always full whilst in Pu-Li,
there wasn't even a clinic
which knew what 'early intervention' was.
We just felt the so-called 'early intervention' was
ridiculous.

In Tai-Chung,
Occupational and language therapists could only
give 30-minute treatments for Kevin every week.
We could not even choose our own flexible time.

If I wanted to come for treatment,
I would spend over four hours in traffic
and only get 30 minutes for Kevin's therapeutic play.

Even now
the transport system is far better than two years ago
and there are also more resources in Pu-Li.
I still had to find the better therapists in Tai-Chung.

Even then
I would have to appreciate them
for the precious opportunity of twice a week.
so unfair
The only truth is that
the help from our medical system is useless
and our society is unkind.

The helps so far we gained from them are
so painfully
difficult.

Since I know how my father had raised my aunt with very limited social support, I understood Tai-Ya's anger and disappointment with our unkind society as I also had assigned the same accusation to it. Facing Tai-Ya in the first session, he was angry

about himself, disappointed by the current social support and afraid of the future. I continued to keep silent and listen to him as he was pouring the emotions which had accumulated for years. This role of 'witness', for me, seemed to primarily involve seeing how our kind society had caused the 'suffering' to 'us', not only him.

6.3.1.2 Everything returned to the beginning point!

In fact, the first counselling was held after my first therapeutic session with his son Kevin, in which Kevin cried and resisted many of my designed psychological tasks and I felt the session had not gone smoothly. Tai-Ya was sitting behind me helping me to cope with Kevin's tears of resistance. Accordingly, before the first counselling, Tai-Ya and I had already experienced close interaction with each other. In the first session, he started our conversation by discussing his history with knowing Kevin's autistic tendency, which began two years ago.

Facing the diagnosis of Autism

The suspicion of Kevin's autistic tendency was a shock to us.
We were just
frozen
in the hospital

Actually,
we could not be convinced by this diagnosis
at all.

We refused to accept this result of just
nearly an-hour test

by a total stranger to Kevin.

In fact,
Kevin refused to interact with the psychologist and
we all saw that psychologist was unable to play with our son.

However,
the psychologist gave Kevin a diagnosis of disability:
'autism'
because Kevin did not want to play with him
and
'retardation'
because Kevin could not show his real abilities
we were
furious and disappointed
about that psychologist and the entire medical service.

My parents too,
thought the whole medical check
ridiculous.

For them,
Kevin is a clever boy:
He had absolutely developed better than any other child in his age;
he ate lots,
ran fast and
learned things quickly,

except for
his language and socialisation.

For Tai-Ya, the medical intervention that occurred two years ago was not a trusted process as an hour test would bring a lifelong stigma to his family. The professional's careless attitude made Tai-Ya choose 'not' to believe in the medical diagnosis. Therefore, as reflected by Mrs. Jiang, Tai-Ya found alternative help from his family's interpersonal network, which was offered by a folk therapist who lived

far from them. In the first counselling session, Tai-Ya disclosed how he made this decision of sending Kevin away.

Finding alternative help

Since we were so disappointed with the medical help,
we decided to find
'our' own way
to help my son

we found an occupational therapist in Hsinchu,
far from our home
who claimed that
she has a successful method
to heal mental retardation……

We finally decided to let Kevin live with her
for five days a week and
we could bring him back home on weekends…

That was a
tough decision.

This decision in 2005 proved to be a regretful choice in 2007 by another procedure, in which Tai-Ya was referred to as a failed father. However, because of the insufficient medical resources and his insufficient trust of medical professionals, Tai-Ya felt obligated to make the decision of sending Kevin away. He mentioned how he persuaded himself in 2005.

The only solution

we knew we were sending him away from home
and he will have five days a week
without seeing his father and mother….

But
this decision
was the only solution between us.

Every Monday,
when I had to send Kevin to the occupational therapists,
Kevin's mother and grandmother would cry…

When Kevin found he was not on the way home Hsinchu,
he cried…..
You know,
The treatment was very expensive.
Thus,
I persuaded myself
that I worked hard for money
to exchange the expert's effort of my son..

Since we have no ability to teach him,
at least
we should find an expert to do this job.

When Kevin is trained well and back to normal,
we can then be

a better father and mother.

By using the context of 'Since we have no ability to teach him, we should find an expert to do this job' Tai-Ya and his wife transacted their responsibility of the parents with the payment for their son's recovery. However, in 2008, Tai-Ya started to notice that Kevin had very limited progress after the two-year intervention by the folk therapist and found that they lost their son's attachment with them. With

disappointment, Tai-Ya used the phrase ‘lost gambling’ to describe this wrong decision with self-criticism, shame and regret.

A Lost Gamble

However,
two years passed….
We had spent a huge amount of money
paying for the treatment

but Kevin has still no language.
My parents and ourselves started to worry about Kevin
again.
Kevin’s ability
did not improve.
It's time that
the occupational therapist’s intervention
should be regarded as
a failure.

I started to understand
the fatal mistake of my decision
that we can never ask a person
to do our (parenting) work
every day.

We were too naive at that time.

The cruel reality was that
I cannot gamble another two years with Kevin.
That’s why
we had to be back to hospital.
Because
I could not tolerate any further
my mistakes with my son.

Actually,
I cannot forgive myself about
the mistakes
I have made with Kevin.

I always remind myself of

not doing it ever again.

Simultaneously, Tai-Ya's financial situation could not support the 24-hours-a-day and five-days-a-week intervention. Tai-Ya therefore had to re-see and admit this 'failure' so as to reconsider the medical resources, which in these two years had become much better and more convenient than they had been before. Tai-Ya used 'stop-loss point' to explain his perspective on returning to 'orthodox therapy (S2)'. However, this decision caused him to feel as if he had put himself again back at the beginning point in 2005. The process in which Kevin had to be tested, judged and criticised by medical professionals had returned. Therefore, in 2008, Tai-Ya had no other choice but to accept the medical context of Kevin and himself.

Stop-Loss point/ Beginning point

Except for the reality
that Kevin has not progressed much,
we were actually running out of our savings.
I had reached the Stop-Loss point.

We should return to
the orthodox medical system
to use the government's profits to help ourselves.

Then….
everything returned to the beginning point!

The evaluations,
diagnoses and
treatments
are all the same
as they were two years ago.
However,
as said,
we have
no other choice,

all I can do now
is to admit my faults and
let these experts 'correct' me to
what is right and what is wrong.

In Ruth William's review article of '*Everyday Sorrows are not Mental Disorders: The Clash between Psychiatry and Western Cultural Habits*' (2009), she argued that when everyday behaviours, like sorrow and sadness, are medicalised as medical objects, they are also turned into objects of 'threat' to one's everyday life. For Tai-Ya, since Kevin had been labelled as having a developmental disorder, the medical professionals' advice meant that he had to change his daily life to fit the expectations of paediatrics, neurologists and therapists. His everyday life, in

William's term, was threatened by Kevin's diagnosis, the 'alien language'. The word 'direct' which was used by Tai-Ya in describing how he let medical professionals judge him can therefore be seen to infer that he had to passively accept and surrender to the medical power. In this history of re-finding possible support for his son, the response of medical professionals represented moral condemnation in which he had failed his son's sickness. Eventually, he had to accept the 'failure' defined by the medical diagnosis and its political power. Here, suffering became the unavoidable medical voice that he had to hear and accept as his own.

6.3.1.3 Kevin as the threat of the ordinary life; the imagination of Kevin's death

In Kevin's third session of intervention, he could already follow my commands in our interaction and conducted a few cognitive tasks successfully. This small act of progress made Kevin and myself interact better with each other and also developed a more trustworthy relationship between us. In the third counselling session that took place a week after, Tai-Ya was more open in his disclosure and talked about his fear of Kevin, which involved the shame of imagining his son's death.

The inescapable fear

You know...
in front our house is a big road and cars run fast on it.
We actually found several times
that Kevin opened the door and
sit on the side of the road
where cars were roaring.

Every time
it just scared me.

Our house has three floors
and Kevin usually ran to the top floor
without our notice.
We worried about his safety
in case he jumped down from it.

Even
when Kevin stayed at home,
we still worry.
You know...
Kevin has not got the same sense of horror.
cannot distinguish between safe and dangerous things…
He may grab a poisonous snake and be bitten.

Our deepest horror is that
one day,
Kevin would accidently die
because of our carelessness and omission.
Honestly,
I cannot
get rid of the imagination of Kevin's death.
I cannot
escape from this threat.

Accordingly,
we have to prepare many locks to limit his activity.
However,
although Kevin has no language,
he is cunning and clever.
He can unlock the doors
because he always observed us
and could remember where we hid the keys.

Every time,
when we saw the lock opened and Kevin disappeared,
we were just frightened and had to find him immediately.
The threat of his death
'exists' in

every minute and every moment.

When Tai-Ya was telling me about his constant fear of his son's death, for the first time, I could follow the context of a father's worry and understood the 'weight' of this responsibility. I thought of my father. I wondered, in these thirty years, how could he take on the weight of his responsibility? For Tai-Ya, it was 'too heavy to take it', but did my father think so? I replied that he had let me know how heavy and difficult bringing Kevin up could be.

In that session, then, Tai-Ya also confessed his shame and guilty imagination, in which he really thought of Kevin's death.

Heaviest Confession

Actually,
in the two years when Kevin was away,
I had quite a relaxed life….
an ordinary life actually….

maybe I should not say words like these
but
I sometimes missed my life without Kevin…..

However,
Sometimes
…(Silent)…

I would imagine that
if Kevin were really
dead
by the accidents
…(deep breath and silent)…

I may be sad for a long long time,
and after then,
possibly,
my life will be back to the ordinary

…. I don't know….

Sometimes
I have this kind of
dark and immoral imagination.

Actually,
I hate it.
I am ashamed of this kind of thinking.

With shock, I heard a very dark thought which showed how a father could imagine his son's death because the responsibility was too difficult to take. Understanding Tai-Ya's self moral condemnation reminded me of an often implicit argument in my

family that, if my aunt does not live with us, we could 'do many things that we could not otherwise do'. I had never heard these words come from my father but, because of this session with Tai-Ya, I could understand the presence of dark thoughts caused by a father's lived experience of suffering. Due to my relationship with Tai-Ya, from his sadness, worry, fears and shame, I subjectively felt that I had become closer to my father, through Tai-Ya's voice of shame and confession.

6.3.1.4 God's help

In the week between the third and the fourth session of our counselling, Tai-Ya called me in an emergency because he had witnessed that Kevin was physically punished by his school teacher and he had tried to disregard this occurrence. With the worry that Kevin would no longer have access to a kindergarten to stay in, he had to pretend he did not see the teacher's maltreatment because Kevin could only stay in this institute in Pu-Li. He was guilty and self-critical as he could not protect his son. On the phone, he described this emergency event as 'the most painful moment of these two years'. I found that I myself could not do anything except listen to him. I could only reflect on the realistic conflict that he wanted to protect his son while also regretting that he could not protect Kevin. With cynical comments, we re-confirmed the continuing reality of his present situation but found no remedy for the helplessness.

In order to cope with this, Tai-Ya got help from 'God', and shared his insight from the night with the extreme helplessness in our fourth counselling session.

Attribution to God

You might have had the feeling
that you are extremely helpless
and no one in the world could help you,

you can
only feel supported

by praying to God.

I am not a Christian, therefore this session was my first experience with knowing about a Christian 'God's help' due to my own ethnographic Buddhist-Daoist background and context, which are quite different from Christianity. However, using his 'reconnection with God', we went through our relational crisis that I could not help him on the emergency night. In this session, Tai-Ya was perceptively different in our interaction: calm, quiet, thankful, and peaceful. I kept silent, listened to his metaphorical story which was full of religion contents, and tried to understand the difference after this event. He mentioned a story from Bible.

A story remembered in the darkest night

A story in the bible,
which I usually listened to in my childhood,
suddenly came into my mind.

this story released my suffering of criticising myself

It is about a businessman and his three servants.
One day the businessman had to travel to a distant place
and so left money of 1,000, 3,000 and 5,000 'dollars'
to these three servants.
He asked them
to keep the money well
and will check the usage when he is back.

Therefore,
to keep the money safely,
servant A with 1,000 dollars dug a hole
and decided to save the money underground.

However,
servants B and C
decided to use the money for business
and finally they earned
the extra 3,000 and 5,000 dollars.

Understandably,
when the businessman came back,
he was happy for B and C's good financial management
and rewarded the money to them,

but he blamed A
as he should put more effort
to make the money useful
rather than to pretend the money
was not there .

This story was taken from the Gospel of Matthew in the 25th chapter, which I then also became firstly aware of. With surprise, I listened to his re-definition of his responsibility. I tried to find the connection between the master-servants relationship and Tai-Ya's father-sons relationship: Tai-Ya implied the master as the God, himself as the servant and his two sons as the various amount of fortune given by the master/God. Through this connection serving as his enlightenment, he redefined his responsibility of being the 'father'.

Enlightenment/ Responsibility of being a father

I suddenly realized that,

if Kevin's clever brother was as if he was
the 5,000 dollars given by God,
Kevin may be worth 1,000 dollars.
Since I have tried so hard to educate Kevin's brother,
I can try to make Kevin better!

I realized that,
I was lost by the difference
of the talent between normal children and Kevin
but I forgot that my responsibility was
to make Kevin's talent explored and used.

All I have to do and all God ask of me
is to make this 1,000 dollars useful,

rather than do nothing for Kevin

I should **NOT** think that
Kevin is less worth than his brother or the other normal kids
so that I pity myself and give up on his life,
like the servant A
who dig the money under the ground…..

To be responsible for God and Kevin,
I should aim for making at least twice than 1,000 dollars back.
No matter
whether Autism is a lifelong disease or not,
the most important thing for me
is not Kevin's autism;
it is

my responsibility of being his father.

The responsibility,
is simple now:
All I need is to make my son better and more valuable,
rather than
to make myself cynical
and do nothing to both of us.

I don't know why this story came to my mind at that time
as I have heard this story many many times
since I was a child
and it was just a fable.

However,
in this painful moment,
this fable has its enlightenment for me.
I believe it is the supernatural help…
from God .

Tai-Ya's new definition of his responsibility, as he said, was developed 'to make my son better and more valuable, rather than to make myself cynical and do nothing to both of us' and attributed it to God's help. I listened to the context of the

attribution to God which I was not familiar with. I silently listened to him and, from the stories that the servants were responsible for the master, Tai-Ya analogised his responsibility for Kevin as being his responsibility for God. As he said,

The Responsibility for God

No matter how you believe in it or not,
we Christians are convinced by our connection with
'Holy Spirit'.

I think God heard the voice of my suffering
and he helped me through the connection
which let me understand the story
as well as

the responsibility for Kevin and him'

In our interaction, Tai-Ya's enlightenment of the connection with God also re-developed his relationship with me, in which the Christian context of God-self relationship was subsequently put in our responsibility for Kevin. Actually, since the father-son ethics was re-defined, the relationship between God, Tai-Ya, Kevin and myself as well had been equalised into one re-moralised context, in which his relationship with me became part of his moral action for Kevin and for God. Through the contextualisation of this enlightenment, in the middle counselling sessions and Kevin's intervention, Tai-Ya started his active effort as a 'father' for Kevin, rather than remaining cynical and critical regarding our unchanged environment. He therefore gave his lived experience of suffering a religious perspective and voices.

6.3.1.5 Making up Mistakes

After the fourth counselling session, Tai-Ya not only redefined his responsibility but also started to discover his way of being the 'father'. The fourth counselling session happened one and a half months after our first session, when Kevin had complete six sessions of psychological intervention, and I was surprisingly exploring his diverse ability. Autistic children are often wrongly understood as having difficulty with paying attention and being unable to concentrate on learning tasks. However, in my empirical experience, they could have an excellent quality of attention but they are often 'too' concentrated on their preferred tasks to do our preferred tasks. In our beginning sessions, Tai-Ya had this misconception and Kevin was indeed resistant to shifting his attention. Therefore, the therapeutic aim at the beginning for Kevin was focussing on his attention shift. I designed the tasks in which Kevin might be interested. Tai-Ya and I played with him and changed the tasks depending on our interactions. Then Tai-Ya and I kept reflecting on Kevin's emotional change between tasks, in order to increase our self-awareness of how he had shifted his attention.

This kind of therapeutic process seemed to work for Kevin, because in the six sessions of psychological intervention, he demonstrated ability which Tai-Ya had never known and sometimes, the 'new' ability surprised us. Tai-Ya started to look forward to seeing his son's performance and enjoyed the task of cooperative play. We began to happily laugh together when Kevin could finish the task by himself. In the sixth session, Kevin for the first time showed his talent with sketching, which brought about big positive feedback for Tai-Ya.

In our fifth and six counselling sessions, Tai-Ya told me that he had booked and attended a parenting group of early intervention. He could freely talk with those parents who were 'like himself'. As he explained in the sixth counselling session, his current responsibility was to 'push Kevin a little bit every day' and the joy was that he could 'be a father again'.

Being a father again

I have attended the course of early intervention
and saw some parents with autistic children.
Some of them were just like me of several months ago….

By seeing them,
I realised that I am different from the past.
I need to have more power to help my son.

What I have learnt from you and Mrs. Jiang was:
you both were improving Kevin's ambition of learning,
rather than teaching him what is right or wrong.

I think I can do what you showed on Kevin's course, too.
I have tried your tasks at home and
I found I was doing quite well (laugh). …

I am thinking that,
if I could push him,
moving a bit forward a little bit every day,
then maybe I will have the opportunity
to make up for my mistake

I start to be pleased that
I can be Kevin's father

again

In this process, I was actually as pleased as Tai-Ya, because Kevin had steadily developed and performed his ability much better than his performance in our initial psychological evaluation. Apart from his cognitive progression, his relationship with me continued to become closer through our weekly play together. Kevin had many times stood in front of me and stared into my eyes for a long while. I was always touched by the deep looking and experienced the pleasure his father felt. At other places like home and school, Kevin also showed better social interaction. As seeing these abilities develop in our therapeutic sessions, when Tai-Ya said this process was as if being the father again, I understood that this process of seeing his son growing up had compensated for the two years he sent Kevin away.

In our final session, we reviewed our whole process including Kevin's intervention. Tai-Ya told me that he could accept Kevin's autism now and his lifelong responsibility based on the medical reality of his condition. He ended our counselling conversation with his subjective awareness of the morality, which is the responsibility of being a father endowed by God. With this awareness, as he mentioned, what he needed to do was simply be the father, which could never be influenced by the medical power or another outer force. In this context, 'seeing Kevin slowly growing up' became a private pleasure, as showed in the following words,

Seeing Kevin slowly growing up

Kevin has progressed for sure.

By seeing how he could slowly progress,
I came to accept the reality that
Kevin may not be like his elder brother or normal boy
for life.
However,
with this understanding,
strangely
I am not feeling angry as before.
Rather,
I come to have pleasure
of knowing that

I can use my whole life
to see my son growing up
slowly, …
and

subtly .

For me, these words meant a touching ending as I had witnessed a whole process in which a father was lost in the responsibility for his sick son but then found a route to be close to him. In the final session, the unspeakable promise of 'I can use my whole life to see my son growing up slowly and subtly (S8)' was told and I witnessed how this promise was developed in our interaction. From him, I could also correlate his lifelong promise with my father's and understood that this responsibility could not be simpler to him. If our counselling was a process of searching and contextualising 'the responsibility for the son', Tai-Ya had given it a moral defining process that being the father was primordially inescapable. This ending voice

echoes Levinas's notions of suffering which will be discussed further in Chapter Eight and Chapter Nine.

6.3.2 Subordinate Storylines: The other voices of suffering

The aim of collating the subordinate storylines is to present the other 'voices' of Tai-Ya's lived experience of suffering. Although these storylines were not the main concern of our counselling practice, they were developed by the narration of Tai-Ya's primary concern: his suffering for Kevin. The subordinate storylines present Tai-Ya's relationship with different others, his father, partner and the religion, which were the three voices attached to his history of suffering and therefore could give us the different perspectives of seeing Tai-Ya's lived experience of 'suffering'.

6.3.2.1 Between Father and Son

Kevin's return in 2007 often caused conflicts and arguments between Tai-Ya and his father, because he needed his father to look after Kevin in the daytime when he and his wife were working. Looking after Kevin was not easy and so Tai-Ya's father often complained about Kevin's bad conduct. Facing the disturbance given to his father, on the one hand, Tai-Ya felt sorry as he could not give his father a healthy grandson; on the other hand, he was upset that his father unfairly treated Kevin as a trouble maker. In the second session, he talked about the paradoxical emotions.

Complicated Emotions to father

Since I am working,
I often have to ask my parents to look after Kevin.

However,
I know they are not happy with that.
They always complain
"why is 'your son' is so difficult to teach"?.

You know…
I am sorry because my parents are supposed to have a better retired life
but I have 'ruined' it
because Kevin is not a 'healthy' grandson.

However,
they are always kind to my brother's children,
you know,
especially my father.
He was always like a Santa Claus,
but to Kevin,
his face was extremely different....
always telling me that the 'trouble' comes again

you know,
I am sorry to be an unfilial son
I really am

because
I cannot give him
a healthy grandson.

However,
I really don't like my father regarded Kevin as
a trouble.

From Kevin's return in 2007 to the beginning of our counselling practice in 2008 was a period of about half a year. In this family, not only Tai-Ya but also the whole family members were getting used to the life with the boy who left home for two years

and had his special needs. The description of ‘trouble maker’ represented how this family found difficulty with dealing with Kevin in this period; also, Kevin’s return created an ethical crisis between father and son. Tai-Ya’s apology for not being able to give his father a ‘healthy grandson’ became a moral condemnation of himself. With the cultural context, Tai-Ya identified himself as an ‘unfilial son’.

This experience of ‘unspeakable suffering’ reminded me of my position between my father and aunt. My aunt was always the ‘trouble’ of my family, because her uncontrollable appetite often caused herself to be involved in danger. For the example presented earlier, she could use a bleacher bottle to store water and food. To prevent this dangerous behaviour, my father used the traditional way of physical punishment to punish the aunt who is 17 years older than me. Hearing my aunt’s crying, I often wanted to stop my father’s punishment but I could not, because I knew my father’s punishment was dependent on his ‘old’ moral belief that teaching strictness is his responsibility as the master of the family. All I could do was keep silent and bear the witness of her crying. Tai-Ya’s unspeakable conflict with his father recalled my implicit conflict with my father.

However, in the therapeutic process, Kevin showed steady improved interaction with us and Tai-Ya’s father also reported that he could have more pleasant moments playing with Kevin. While Tai-Ya’s relationship with his son was getting fixed in the psychotherapeutic sessions, his relationship with his father was also changing. In our sixth counselling session, Tai-Ya mentioned that for the first time he could apologise to his father for a day of asking his father’s help.

The First Apology

Last week,
for the first time
I apologized to my father
when I went home
and saw he was looking after Kevin.
I just found that
I have been so used to my father's help.
As the son,
I have never apologized to him
because I gave him an autistic grandson.
I have never thanked him either
for looking after Kevin so well
when I am working.
That was the first apology
that I have ever spoken to my father.

I said,
'papa, I am sorry that I have to ask you to look after Kevin.
Thank you for helping me and Kevin'.

He just replied very shortly,
'Come on. That's not your fault.
Kevin is not the boy whom
you can just teach by talking with him'…

I don't know why I wanted to apologise to my father….
I just found my father was truly old and
I had taken his care and time
for granted .

Maybe because of seeing
how Kevin has progressed in these days,
when I think of my relationship with my father,
I understood
how I was so confident to leave Kevin to his care…

even more confident than
to leave Kevin to the therapists in hospital.

Tai-Ya's apology surprised me because I was always disappointed with myself that I could not actively change my relationship with my father. For me, I admired the brevity of this apology as this decision also reflected my disability in my relationship with my father. With complicated emotions, I silently listened to this process of how making this decision had released his moral crisis. From his father's verbal response to him, Tai-Ya then disclosed that this apology brought his father's real support and understanding, as he said in our six counselling session.

The Understanding from father

But,
my father's reply of
'That's not your fault.
Kevin is not the boy whom you can just teach by talking with him'
let me know
that he had eventually
understood my 'suffering'
and forgave my troubles
which I had placed on him.

His words,
'that's not your fault'
released my 'rooted' guilt to him.

In that day,
I finally understood
how my father's understanding could be
so important for me.

For the first time,
I started to feel that my father is
also on my side and supported me.

In the context of gratefulness and forgiveness, I witnessed an important change of father-son issues in that Tai-Ya could now put off his position as 'Kevin's father' and returned to his position as the 'son' to face his father, which I hope to have but I have not tried yet. From this apology, Tai-Ya obtained his father's forgiveness and understanding and so he could face his father as the 'father' rather than his son's 'grandfather', which had caused the crisis between them. For Tai-Ya, the context of suffering therefore was given the development of the moral return. He voiced suffering as the moral conflict of father and son.

As the counsellor, this session for me was important, because despite my own issue with my father, I could see how a son could make the first apology, have the first understanding, and gain the core support from his father that I had never tried to obtain in my conversations with my father. I shared his experience of suffering through the process of understanding; I understood and responded to him in the position of a witnessing listener who shared the cultural context as the 'son'. The voice of suffering, therefore, was giving the cultural context of father-son ethics through this inter-subjective narrating process.

6.3.2.2 Between Husband and Wife: Jene

I met Tai-Ta's wife, Jene, only once in the evaluation for Kevin before our counselling practice was begun and in our sessions Tai-Ya told me that, in his family, he was mainly responsible for Kevin's intervention because only could he afford the time and vigour for the long-distance driving between Pu-Li and Tai-Chung city. However, since Tai-Ya started to have close interaction with Kevin's therapists, Tai-Ya started

to treat Kevin differently from Jene. The conflict between husband and wife was therefore also becoming obvious during Kevin's intervention. In the third counselling session, Tai-Ya complained about Jene and thought that Jene's parenting attitude was the major reason which caused their frequent tiring arguments, as he said in our second and third session,

Arguments

My wife is always pampering children.
She cannot be the 'Black face who could punish our sons.

Maybe because
she wants to compensate to Kevin
for the mistake of sending him away,

she could not enforce the 'rules' in educating Kevin.
She always surrendered to Kevin
and that is a reason
why Kevin became so difficult to be taught

I often have arguments with Jene.
I sometimes really shout at her like
'Why can't you follow our rules?
Since you know the rules which could help our son,
how can you know it,
but
still choose to make us

so tired? '

Indeed before Kevin's intervention was begun, both Tai-Ya and Jene showed a pampering style to cope with Kevin's chaotic behaviour when I first met them at evaluation room. Kevin was able to use the toilet by himself but still wore a diaper. However, the special educator Mrs. Jiang successfully improved Kevin's toilet

training within a month. As Tai-Ya gained parenting skills, he became more often argumentative with Jene mainly concerning her indulgence of Kevin. He complained that Jene was 'ruining the rule of making Kevin better (S4)' and tried to 'teach Jene that we should change our pampering attitude for Kevin (S4)'. Tai-Ya used an analytic language of 'compensation of making the wrong decision to Kevin (two years ago) (S4)' to interpret Jene's parenting attitude. Tai-Ya illustrated an example of their argument for Kevin, which happened in the day before our third session.

Example of arguments for Kevin

The argument today is that….
Kevin wanted to come to the front seat,
I said no
because a child sitting on the front seat is
illegal and dangerous.

Then Kevin started to cry.
And
Jene surrendered and let Kevin sit
on her knees.

I was very angry and shouted at her
'Why do you always choose to undermine us?
If you could insist,
Kevin would have learnt more and
we could have an easier life!

These arguments happened in the period of our third and fourth session, also when Kevin's progression was reported by his other therapists. Since Tai-Ya attended every session of Kevin's intervention and observed the progression, he quickly learned the languages and skills used within these therapeutic sessions. Between him and his wife, Tai-Ya started to act as the medical expert as he wanted to make

family life an extension of our therapeutic sessions. Since the language Tai-Ya used was not familiar to Jene, the negotiations became arguments. Additionally, as in Taiwanese patriarchal society the husband is the centre of life, in the arguments, Tai-Ya was like a director and Jene followed his 'guidance' after these arguments. Therefore, at home, the mutual negotiation and support based on the medical context of a parent's responsibility was gradually built up within the arguments, as in an 'intervention'—the word Tai-Ya used to describe his work for Jene in the fourth session.

Intervention for Jene

Not only our son Kevin,
Jene also needed to be taught and trained
by 'early intervention'.
Since
she has never brought Kevin to the courses of early intervention,
I have to tell her
that we cannot be always good to Kevin
and we have to be stronger,
different from ourselves two years ago.

Sometimes,
Jene wants me to send Kevin back to the therapist
in Hsinchu again
because
looking after Kevin is very tiring.

I told her that,
'No, we should overcome the difficulty by ourselves
because
we are Kevin's parents.
Actually,
we should not send him to Hsinchu
and should have done it two years ago.

Using the context from Kevin's intervention and the power structure between himself and therapists, Tai-Ya used the term 'empower' to explain his work in his relationship with Jene, which was how I explained my therapeutic aims for Kevin to him. His work was to have an 'alliance' with her and so they could help Kevin together. He encouraged Jene to attend the parenting group with him and, in the fifth session, he postponed our sixth for the longest family trip as the examination for themselves.

Alliance

I would
postpone our next session for a week,
because I wanted to arrange
a long trip to Tai-Tung.

That is the first family trip
since Kevin was found to have problems.

I know
Kevin will be the biggest trouble of this journey
but my wife and I are expecting it.
We should be confident in our abilities…
I think

I should,
just like you have done to Kevin, and
'empower' Jene.

Let her know
that she can actually handle
Kevin's problems.

In this plan of the 'first long family trip', Tai-Ya made the application from our therapeutic sessions to his family, in which the whole family could become one to in

order to collaboratively fight against Kevin's clinical symptoms. From the saying that 'we should be confident about ourselves', between his husband-wife relationship and therapeutic relationship with me, I saw our therapeutic cooperation was transacted from a medical condition to their everyday family life, in which the medicalised and moralised parent's function had been inserted into this family within the Taiwanese patriarchal custom. Their interactions and the developments of their arguments provided the process of how a couple of parents could cope with the medical context of their son's disease as a threat and engage in a reconstruction of family ethics.

6.3.2.3 From Presbyterian Church to Salvation Army

The third subordinate storyline developed in our counselling practice was Tai-Ya's relationship with his Christian community where he worshipped God with his family since he was a child. Since his relationship with God was always at the fore of his safety, he hoped his children were 'under the same protection by God' (S3) and brought his family to Sunday school every week. However, Kevin's return in 2007 challenged this hope and belief, and caused him religion crisis. Growing up in a Christian family, he had a close relationship with the congregation in the Presbyterian Church in Pu-Li, which had been his important social support for quite a long period. However, Kevin's return blocked the support. Since Kevin could not sit still and behave well in worship, Tai-Ya was regarded as the father who failed to control his son's disrespectful behaviour by his 'old friends'. To secure his regional belief, another ethical conflict was therefore caused: On the one hand, Tai-Ya

blamed himself for Kevin's 'bad' conduct in the church but, on the other hand, he blamed these 'old friends' who should have been able to understood his difficulties and helped him. For Tai-Ya, this conflict became a 'shame (S4)' and he made the decision of leaving these people.

Leave Presbyterian Church

Since we were young,
the whole family
including my father, mother, and brother
have been worshiping God in the Presbyterian church
in Pu-Li.

The congregation was just like
another big family.
Especially
as Pu-Li is a small community,
people in this congregation know each other
very well.
When Kevin was back,
I brought him to the weekly Sunday-school.
You know
Kevin cannot sit still on a chair.
He may run and make loud voices
without regarding people
and therefore
he often interrupted the course of bible study.
You know,
the Presbyterian Church is very traditional
I always had to apologise
because Kevin disrupts our worshiping.

Then,
I became aware of the reality
that the congregation could not tolerate Kevin.
There was no space for us.

Actually,
people in the congregation were all my old friends
and should have been able to tolerate my disabled son.
However,
they always looked at me and my wife
with blaming eyes.

Sometimes
one of them may just point out the atmosphere
and ironically tease me
as to why I cannot teach my son well.

I want to be able,
of course,
but the problem is **I can't**!

They did not and even didn't want to
understand my difficulty of having Kevin.
They only care about the procedure of worshiping
and I became the person who should be responsible for Kevin.

Therefore,
I found
I could not stay in this communion and
left this group
which I have stayed for over 30 years .'

To maintain his religious belief and bring it to his son, Tai-Ya decided to leave. He moved to another church of 'Salvation Army' and re-settled his worship and support from a congregation, which was rooted in Pu-Li, but had a very different Bibliographical interpretation from the Presbyterian Church. In here, as he said in the fourth session, he could reconnect 'themselves' with God.

Salvation Army

Now I am in another church,
where we have no burden from the past.

You know,
I had to find another church
because
worshiping God is the most important thing
in this difficult moment.

Have you ever heard of the ‘salvation army’?
(I: No, what is it?)

The priests there are very cool
because they wear military uniforms.
I have changed myself to this congregation and Sunday-School,
in which I am new and no one knew me.

The important thing is that
they could tolerate Kevin’s troubles.

I actually knew nothing
about the history of this branch
but I am pleased that
Kevin and I were quickly accepted
by the members of this communion.

They don’t regard Kevin’s troubles as problems.
They let Kevin run in the Sunday-school and
tell me that Kevin’s noises are the song from
the heaven.

They regarded that Kevin was
using his way to worship God
together with us.

The fourth session was also the time that Tai-Ya gained the enlightenment from Mathew 25 in the Bible which reassured his responsibility for Kevin: ‘All I need is to

make my son better and more valuable, rather than to make myself cynical and do nothing to both of us. *(S4)*'. With a secure relationship with God in Salvation Army, Tai-Ya's could align his family ethics with the Christian belief in a new political organisation and social support, which importantly helped him reconnect his religious belief with the context of his responsibility 'for the son'.

In the development of this storyline, Tai-Ya and I developed a socio-political perspective of seeing his mobility from the Presbyterian Church to the Salvation Army and thus we together shaped a socio-political perspective of understanding the given voices of suffering and spiritual help. Suffering, in this development, was articulated not simply as the Christian context but also the context with Tai-Ya's political interactions with the local religious organisations. As discussed in the second chapter, suffering was socially and politically embodied by multiple interactions of one's local culture (Kleinman, Das & Lock, 1997; Kleinman, 1999; Wilkinson, 2005). Behind Tai-Ya's narration of his insight from the Bible, there was also the experience of suffering caused by the local socio-cultural embodiments within the context relative to our relationship with God. The embodiments will be further explored and discussed in Chapter Seven.

6.4 Beyond Therapeutic Silence

6.4.1 The Arisen Worries

Different from Hui-Yu, from the very beginning, I had strong anxiety about facing my work with Tai-Ya. Firstly, Kevin had just returned. Tai-Ya was restarting his everyday

life with Kevin and the family was just starting to again experience the difficulty of bringing Kevin up. The lifelong pressure was just becoming the context of lifelong suffering. Secondly, the environmental factors nowadays are still harsh on him. Although he could put all his effort on Kevin in the next few years, could he insist on the effort for decades and even for life? Since he gave up family life with Kevin two years ago, would he give up Kevin, **again**? I was anxious that I would fail this chance of helping and I feared for the un-estimated failure.

This anxiety was explored in my therapeutic supervision in Taiwan, in which I seemed to be judging Tai-Ya's decisions for his son and estimating his parenting ability. Actually, this anxiety was not unfamiliar to me because I worked with it every day in CMUH. In this work with the families of a disabled child, I had a very high possibility of facing the parents from the bottom of Taiwanese society, who had no recourses to help their children, had to depend on our governmental welfare system but had never enough time and money to cope with the corresponding bureaucracy of our society. They very often lost the confidence of trusting the so-called professionals and gave up the support they were supposed to have; eventually they gave up the chance of making their children progress. To avoid this sadness happening in front of myself, to hold the power of a medical 'professional', I therefore made myself a tough intervener who always actively found resources for patients so as to secure them in the Taiwanese bureaucratic system. I always worried that if I failed my intervention, a parent would give up the medical help for his/her child; I was the individual holding the position of providing the medical support.

My supervisor and I explored my own implicit anger with the ‘unkind society’ in Tai-Ya’s accusation, as I had known how our society failed to support my family in these twenty years, as Taiwan has just developed the integration between education, social welfare and benefits system for the people with special needs in the past ten years. In this work, the difficult struggle a patient experienced with finding a social worker, educational institute, and relief fund were actually re-contextualising my understanding of my own history in which my family was unable to search for governmental help for my aunt. Additionally, a disabled child in this society, has the folk stigmatic meaning that the sickness in ‘this life’ is to compensate the debt or evil of the ’last life’. Our society and culture indeed is not ‘kind’ or eager to settle a patient, treat his/her disease and interpret the illness. The term ‘disability’ always reminded me of the anger of our ‘disabled society’. Therefore, since I had not the moral right to blame the parents about their parenting, I could try my best to empower them for using every possible resource and to face the ‘disability’ of our ‘unkind society’. The ‘unkind society’, according to Daoist's scripts (Dao-De-Jing, Lao-Tzi), was a cultural context and will be further discussed in Chapters Seven and Eight.

6.4.2 The Unspeakable Critics

In supervision, I related my fear and anxiety of a parent’s omissions with my own relationship with my father. On the one hand, I respect him because he took the lifelong responsibility for my aunt and has looked after her for more than twenty years. On the other hand, however, when I started to work for the families with a disabled child, I began to criticise him because, due to his parenting attitude, my

aunt has been isolated from our society. Since the social warfare was not helpful to us, my father has chosen to disregard our current social benefit for my aunt, as well as give up her further education and work opportunity. He stopped her education and work training in disability institutes where she could have learned skills and made friends. He forbade her to go out as he worried she would get lost in our city. Long periods of looking after her have tired him and so, with less and less conversations with her, I found her mental function and linguistic ability was decreasing, from my 'professional' point of view.

In addition, the way in which my father educated my aunt was sometimes not very suitable as he could be 'cruel' when dealing with my aunt's mistakes. For example, as mentioned earlier, she often hides food somewhere in her room; sometimes the foods go rotten and stinky but she still eats them. Or, sometimes she uses an unwashed bleach container as the bottle of her drinks. Due to his worry, anger and the willingness to protect her, my father usually physically punished her and sometimes the punishments could be quite harsh, just like the punishment I received when I made trouble in my childhood. When I saw my '40-year-old aunt with a 5-year-old mental age' punished or heard her cry because of the punishments, I could not do anything but hide myself and keep silent.

I used my work to cover my anxiety and the implicit conflict with my father, although I had never confronted him. In the four years of therapeutic work in CMUH, I saw that many parents tried their best to realise their child's clinical progression. Realistically, some children could never have good provision and sadly, many parents would 'give up' the medical intervention of their child. Facing the

parents, I tried to be influential by sticking to therapeutic work rather than clinical neurological assessments, because in this position I can push, urge and encourage a parent do more for his little child. My work with Kevin, in which I invited parents to participate in their child's therapeutic sessions and working as the observer and my co-therapist, was the most frequent way of engaging myself in the therapeutic relationship between a parent and the disabled child. In this therapeutic position, I could observe the child's interaction with their parent, have the parent's view of my therapeutic work, and fulfil the therapeutic goal by simultaneously helping the parent rather than only treating the child. I put great effort into my work and enjoy being the 'medium' of bridging a parent's confidence to their child's success in our mutual interactions, in which I could feel myself helping a family like mine.

As disclosed in the first chapter, my work with the parents in the paediatric department was what I wanted to do with my father but I **could not**. I wanted him to cease the physical punishment and if possible, remind him that once upon a time he was trying very hard to find this little sister a good environment for work and education. I doubted he had 'given up' her, and so I do not want my clients to 'give up' their children. Being a clinical psychologist in a hospital who labels, evaluates and influences my client's life, I was becoming used to the power of judging a parent's effort with their children in terms of medical justification. Good and bad family, right or wrong parents, appropriate and inappropriate parenting manners also became the moral spectrum for evaluating my clients' effort of looking after their child. However, the better I did on the advice and help in my work, the worse I felt that I had done little for my own family because my positive conduct with the clients was totally opposite to my act of staying quiet in facing my father's

relationship with my aunt. As a paediatric psychologist, I could ask a resistant parent to accept medical intervention, but as a son, I could not. To face my father, I had no ethical position or authority to be against him so as to change his attitude for his little sister. Engaging in Tai-Ya's father-son context of suffering put myself into my own family issues and raised my anxiety of my father-son conflict.

6.4.3 Moral Return: Between a Father and Son

Being a father of a disabled son, engaging in Tai-Ya's narration recalled my own life history and implicit conflict with my father, because the conflict had become the background of understanding Tai-Ya. In this process, the relationship between Tai-Ya and his father, Tai-Ya and his son, between me and Kevin, him and myself, and between me and my father, myself and my aunt were all intertwined in this process of interaction. Through speaking, understanding and responding, our individual history interacted with the others' and thus, intersubjectively, Tai-Ya's story became the voices of my own lived experience and caused me to reflect on my implicit experience of suffering.

Through the dialogue in counselling sessions, not only Tai-Ya but also I experienced the return of our moral position and released our moral crisis of father-son relationships. On the one hand, Tai-Ya worked through the crises of being a 'father', in which he could not help his son but then re-defined his responsibility as the father, and of being the 'son', in which he was angry about his father's attitude towards Kevin but apologised and appreciated his father's nearly everyday help. He returned to his moral position as the 'father' and 'son'. On the other hand, from the

narrating process, I could correlate Tai-Ya's words with my father's unspoken decisions and feelings about my family, and so I could understand my father's past in the position of being a '**son**'. Because of our therapeutic relationship, I could hear the voices of suffering from a '**father**' and be reflexive in my everyday life as the '**son**'. Being closer to Tai-Ya and Kevin, accordingly, enabled me to be closer to my father and aunt. In this responsibility for each other, not only Tai-Ya's but also my lived experience of suffering was told, developed, understood and 'witnessed' by the other. 'Witness', therefore, became a co-developing moral position and 'witnessing' became the inter-subjective developing context. Psychotherapy entangled the moral web; the inter-subjectivity of our moral return will be further discussed in the following chapters.

6.5 Summary: The Two Chapters of Data Representation

In Chapter Five and Six, my fieldwork of psychotherapeutic practice in Taiwan had been represented and reflected upon. Illustrating a process of transformation, my therapeutic encounters in Taiwan have been represented in a poetic form. I kept my transcribed data, in its linguistic structure, in Chinese and represented it in English. Between the two languages and meaning systems, this 'poetic' form of representation enabled me not only to break through my own language barrier but also to create a dialogical space with my readers in the linguistic structure of my mother tongue.

In these two chapters, the poetic representation of my work with the two families was inter-correlated with the data from my therapeutic supervision and reflexive

journal. I have reflected upon how both the clients' stories had become a mirror of lived experience, from which the contexts of a clients suffering developed parallel to the context of evaluating my own relationship with my important others. From Hui-Yu's stories, I saw that she had struggled with being a traditional quiet mother and realised that I had taken my mother's silent efforts for my own family for granted. From the work with Tai-Ya and his son, I encountered a father's lifelong loss and rediscovered a sense of my own responsibility for my father and aunt. This intersubjectivity, the process of understanding the 'other' in psychotherapy, facilitated the process of understanding the 'self.' The responsibility and ethics between a father, mother and son could therefore be re-contextualised and re-defined by a therapeutic encounter. These two chapters have presented the transaction of suffering: the values and weight of responsibility for 'Others'.

In the rest of the chapters, the idea of a 'suffering transaction' will be further explored. The socio-cultural and ethical contexts behind my therapeutic encounters in Taiwan and also the term of 'suffering for the Other' will be reflected upon and re-discovered.

Chapter 7 Socio-Cultural Embodiments of Suffering

7.1 Introduction

In the previous chapters where I discuss my work with Tai-Ya and Hui-Yu, I represent the reality that narratives from client and therapist can compose an intertwined historical understanding of suffering and develop the meanings and values of it. Through the therapeutic practice of this study, Tai-Ya contextualised his father-son conflicts and pressed me into my own context of father-son conflict, whilst Hui-Yu showed her mother-son moral crisis and involved me in my self-condemnation of ignoring my mother's effort for my family. In this intersubjective context, my clients and I had 'co-constructed' not only each individual's history of suffering, but also our mutual understanding of the values embodied by our environments, culture, politics and society.

In this chapter, the narratives will be destabilised into socio-cultural horizons of understanding, according to Langdridge's (2007) concept of hermeneutic analysis. This chapter will return to an exploration of relational development between myself and my clients, back to the reality that we are suspended in webs of cultural meanings and moral significance (Geertz, 1973, 1983). From developing the context of 'knowing suffering', I will discuss how socio-cultural horizons of understanding one's lived experience of suffering could be further cultivated in the fieldwork of this study. The data of the narratives from my clients and myself and my poetic understanding of them will be discussed in further detail concerning their

background historical, socio-cultural and political issues. From the analystic perspective of hermeneutic phenomenology (Cushman, 1990, 1995; Frank, 2001; Langdridge, 2007) the analysis processed in this chapter will re-identify the relationship between a sufferer and the 'Other' s/he suffers for.

7.1.1 The Symbolic 'Other': Culture, Society and Politics

The discussion of this chapter focusses on further developing the meaning of the responsibility '*for-the-other*' (Levinas, 1982, 1986). The previous two chapters have presented that, in psychotherapeutic sessions, both clients contextualised their lived experience of suffering and redefined their responsibility as the father and mother. Also, in the work with them and their children, the stories developed through our therapeutic practice or interaction articulated my own experience of suffering. The 'son', in a Levinasian context, can be interpreted as the developing object or the '**other**' in that Hui-Yu, Tai-Ya and also myself were suffering '**for'** in the development of the narrations. Based on the last two chapters, I continue to show how we were each engaged in the moral crisis of parenting a disabled son and adjusting the self-identification of being their parent.

In this chapter, I will develop the argument that the 'son' is not only the specific object of the 'other' because our counselling practice not only transformed their lived experience into language but also validated the moral value of the 'responsibility-for-the-son' which is embodied in their everyday life by Taiwanese culture and social custom. To be the father or mother, both clients were not only suffering for the disabled son, but also suffering for the society which had

compulsively embedded the virtue in their parent-son relationship. Accordingly, the 'son' can be regarded symbolically as the plural of Taiwanese socio-cultural ethics which frames the 'proper' parent-son interactions. Further, the exploration of this chapter will extend the symbolic meaning of 'son' by means of uncovering the socio-cultural embodiments in our counselling dialogue and redeem our culture and society as the 'Other' that engage us in the phenomenon of understanding suffering.

Actually, the 'Other' as an object with symbolic meaning has been discussed by many researchers and therapeutic practitioners. For example, in Pierre Bourdieu's book 'The weight of the world' (1999), society itself constructs the meaning of the experience of human suffering while sociological processing of the experience of suffering shapes its moral weight to a sufferer. Connecting Levinas with Lacan's concept of the 'other', Fryer (2004) illustrated that encountering the other is a process of re-constructing symbolic orders of tradition and moral values. In the case of this study, when a parent is engaged in the phenomenon of 'suffering for the son', at the same time, she or he is acting against the difficulties and limitations pre-framed and moralised by the local culture, tradition, and social politics. In this context, a psychotherapeutic counselling practice itself also contextualises the socio-cultural embodiments of suffering, as discussed in Chapter Two. Tai-Ya's accusation of the 'unkind society' was the example that extended beyond the relationship with the autistic son and showed that his relationship with an unsupportive society caused this father to suffer.

Accordingly, this chapter will discuss the socio-cultural embodiments in our

dialogue and generate the symbolic image of the '**Others**' that Taiwanese social policy, cultural customs and religion had embodied in the values of suffering through the language developed by psychotherapy. Medical anthropologists' contribution that the experience of suffering is a subjective social construction (Kleinman, Das & Lock, 1997; Kleinman, 1999; Wilkinson, 2005) is very helpful for discussing the social embodiments of human experience of suffering. According to Das (2001) and Kleinman (1980, 2001, 2006), the subjectivity of illness, pain, and suffering are cultural, social, and political. In this context, suffering is not termed as psychopathology but the attachment to the values pre-framed by one's sociocultural and political structures.

7.1.2 Hermeneutic Horizons: From the Useless Society to Socio-cultural Embodiments

To describe their experience of helplessness, Tai-Ya used his relationship with the 'world' and Hui-Yu used her relationship with political issues of 'early intervention' as the object to which they attached.

> Tai-Ya: 'I very often feel that only four of us are abandoned in this unkind world. It is a feeling that in this world no help could be helpful and no one can be trusted. In this world….. we can only rely on ourselves….(T:S2)
>
> Hui-Yu: '(The only thing) I can only do is to find a way out of my agony! We had no resources to help us except for 'early

intervention' you showed to us. (H:S2)'

In counselling sessions, these clients' history of how Taiwanese society and culture caused and embodied suffering in their mundane life was spoken, interacted, contextualised and developed. As explored in Chapter 2, to develop their historical understanding, the interpretive 'horizons' of their stories (Gadamer, 1990) were also formed as their socio-cultural understanding of our experience of suffering. Tai-Ya's accusation towards the 'world' and Hui-Yu's actions towards 'early intervention' were therefore becoming clear linguistic objects in our therapeutic relationship. In my work with Hui-Yu and Tai-Ya, the historical understanding of their stories could be regarded as the objectisation of our socio-cultural embodiments and the development of our subjective histories.

In terms of hermeneutic phenomenology (Cushman, 1995; Warren, 2005), three 'horizons' will be illustrated as the articulation of socio-cultural embodiments as the 'Others' in my construction of my clients' meaning of suffering. In 7.2, the political setting of 'early intervention' will be discussed by exploring how 'early intervention' was becoming a dominant influence on both clients' and my own interpretation of suffering. The second horizon will be presented as the cultural setting of our ethical role and responsibility for each client's son, in which the moral issues of a parent's responsibility for the son and the socio-cultural terms of 'family ethics' will be explored in 7.3. As in the last two chapters I present Hui-Yu and Tai-Ya's moral crises of being the failed parent, I will now further discuss the cultural meaning of the understanding the 'failure'. The Confucian moral of the relationship between family members will be used to illustrate how 'family' itself causes an experience of

suffering. The third horizon is about 'God', the religious embodiments. In 7.4, through discussing the context of 'God's help', I will explore how both clients' relationship with God could be spoken, heard and developed. Through speaking and understanding, this horizon shows how a therapeutic relationship could also re-allocate the ethical position between God, self and others. A synthesis discussion will point out the fusion of these horizons in our practice in which the experience of suffering turned a relationship into moral crisis whereas psychotherapy fulfils and articulates itself as the ethical practice.

7.2 Suffering from 'Early Intervention'

In my work with clients, we re-contextualised the history of Taiwanese social policy for each family coping with developmental disability. Precisely, from their concern for their son and my work with them in the paediatric department, the narratives developed through our therapeutic practice were backgrounded by the development of the Taiwanese social welfare component 'early intervention'. Due to this governmental approach, as the public rapidly grew the need for psychotherapy and psychotherapeutic practice also expanded and, subsequently, was fast professionalised. For both clients, early intervention was a developing medical policy, and psychotherapy was a developing medical service. Coping with their confidence and uncertainty became a process of bearing the social suffering and the reality that one's experience of 'suffering' can be due to the local social and political structure (Das, 2001; Kleinman, 1980, 2001, 2006). This part of the discussion will discuss the history of early intervention as a psychologists' medical

intervention was formed in our dialogue, and discuss how medical power can become a moral force to our families.

7.2.1 Taiwanese Professionalisation of Early Intervention

Both Tai-Ya and Hui-Yu's stories were based in the decade before 2008, when psychologist professionalisation in Taiwan was also decisively contributing to the public's medical habit of using counselling and psychotherapeutic services. In 1999, Taiwan's fiercest earthquake killed 2412 persons and therefore the Taiwanese government had to face the public's traumatic experience and set up a system to address psychological recovery. For the first time, immense funding was put into coping with the natural disaster and numerous psychiatric professions were settled into the medical, social and educational system of the public's psychological recovery. In 2001, the **law for counselling and clinical psychologists** (心理師法) was legislated (Mai, Wang, Wu and Lee, 2006). Counsellors and clinical psychologists were officially incorporated into the medical practice and funded by national health insurance. In 2004, the first association of clinical psychologists was set up in Taipei, the capital of Taiwan. Then, the psychotherapeutic and counselling services were rapidly professionalised and practiced in the educational and medical institutes. Also, big enterprises began to incorporate counselling service as part of labour's mental health and hire therapists for their employee assistant programmes (EAPs) (Xie, 2009). The professionalisation of psychological services led the public to redeem psychologists' work as a demanding multi-dimensional service for people in different levels of Taiwanese society, rather than the traditional therapeutic

impression in which therapists only work with either problematic students in school or psychotics in asylum. However, in the Taiwanese medical field, the work related to 'psychology' still had to be attached to psychiatry and the political setting of a psychologist's work was still controversial (Wang, 2001). Psychologists like Wang (1999) and Wang (2001) showed strong criticism for psychology's professionalisation and commercialisation. An association against the Psychologist's Law was organised by Taiwanese influential therapists in 2002 to object to the dominance of the psychiatric medical system (Chen, 2000).

In this decade of dramatic change to the field of psychology, 'early intervention' became another professionalised field in the paediatric domain rather than in psychiatry. As mentioned in Chapter Six, since 2001, *'(Have) earlier intervention; (have) earlier recovery'* gradually became the slogan of public policy which was broadcasted on TV, radio and transportation advertisements. The concept of 'early intervention' was therefore becoming accepted by the public and practice based upon neurology and psychology became the necessary diagnostic and therapeutic foundation of a paediatric psychologist's work. The departments of paediatrics, rehabilitation and family medicine in various hospitals therefore started to hire clinical psychologists to offer the newly standardised diagnostic service based on developmental pathology, developmental psychology and paediatric neurology. In 1999, Chinese Medical University Hospital (CMUH) in Tai-Chung city set up the first '*Parenting Consulting Centre*' in Taiwan in which clinical developmental assessments and standardised psycho-social interventions were to be offered by paediatric psychologists. In the same year, the Association of Early Intervention was founded. Funded by the Taiwanese government, paediatric neurologists, psychologists,

rehabilitationists, social workers and special educators were integrated into the so called '*multi-disciplinary intervention system*' (Kuo, 2005) and were asked for the medical service with governmental financial and material support. In 2003, for the first time 'Early Intervention' was regarded as a necessary service for honouring or for qualifying a hospital as a 'teaching hospital' or 'medical centre'.

Tai-Ya's stories showed how 'medical mobility', the movement of medical service from urban to rural, could influence not only the medical user's willingness for medical help but also the user's decisions on how to cope with illness. Between 2005 and 2007, the medical service of 'Early Intervention' was spreading from urban areas to rural regions. When people in cities became quickly acquainted with this medical service, individuals like Tai-Ya who lived in the remote area could only become aware through interacting with the nearest medical centre in a different city. Before 2005, in the Taiwanese mountain district of Nan-Tou, early intervention was supported weekly by the team from the paediatric team of CMUH in Taichung city. When a child's developmental problems are confirmed, the social workers would visit his or her families and guide them to the nearest medical points in their region or, mostly, the nearby cities. A parent like Tai-Ya could only wait for medical professional's visiting otherwise s/he would need more than three hours to receive treatment. In 2004, the highway connected Nan-Tou and Tai-Chung, where CMUH was, and therefore the parents of sick children and medical professionals found it easier to travel between rural and urban regions. Pu-Li Christian Hospital, the biggest hospital in Nan-Tou country, was upgraded as a medical centre and started to undertake the affair of early intervention from the original team in CMUH. In 2005, Pu-Li Christian Hospital established the Centre of Child Development and

started to have clinical psychologists responsible for the affairs of early intervention. The original social work then fully transited from CMUH to Pu-Li Christian Hospital; the parents could choose the medical service for their child within their region. In 2010, the highway connected Pu-Li town, where Tai-Ya lives, and Tai-Chung, so that both medical professions and users then only needed 30 minutes to travel between these two cities. The parents could eventually find it easier to choose and search for 'better' doctors and therapists, and could make 'enough' treatment possible for their children.

7.2.2 The Political Imbalance of Psychological Intervention

Hui-Yu and Tai-Ya's difficulties of finding a psychologist's intervention had also exposed the imbalanced setting of a clinical psychologist's work, in which medical politics had caused a clinical psychologist to choose to perform assessments rather than interventions. In Chinese Medical University Hospital (CMUH), according to its leaflet, a paediatric psychologist is settled as the gatekeeper of the multi-disciplinary work of early intervention. His or her responsibility is to provide clinical assessments, consultation of a child's neurological and psychological development, and counselling service for the family with the children who were going to be labelled as 'developmental retardation'. When a child is suspected as having developmental problems, the report from their psychologist and neurologist can determine the extent of assistance from the Taiwanese social welfare system. Based on these practitioners' report, the child could therefore be given a reduction of the fee for further medical intervention like rehabilitation and CBT based

psychotherapy.

However, for a clinical psychologist, the process by which Taiwanese public insurance funds the service of early intervention has caused an imbalance between assessments and intervention. Firstly, since a medical institute can charge much higher rates than the Taiwanese government for items used as part of clinical assessments than those used in an intervention, in terms of financial benefit to the hospital, clinical psychologists are not encouraged to do therapeutic work used in an early intervention. Secondly, psychologists in hospitals tend to engage in evaluation rather than therapy. For a paediatric psychologist, conducting a one-hour assessment produces higher income but carries less responsibility than that involved in a long-term therapeutic relationship with a child and his/her family. The practice of early Intervention for a psychologist was therefore developing as a constant diagnostic and labelling work rather than administering a real intervention which some argue should be the ultimate goal of a psychological evaluation and neurological diagnoses. In 2008 when I returned to CMUH for this study, I found that I was the only psychologist conducting intervention work in the paediatric departments. When a psychologist's work has been regarded as the work of business and marketing, his or her fundamental responsibility of giving further treatment after diagnostic evaluations is then disregarded (or diminished), due to its sociopolitical context.

The priori political deficit of a paediatric psychologist's work also caused an unfair condition in which a child could be thoroughly examined and carefully diagnosed, but one can never find enough resources for further treatment, especially when the

child demonstrates the possibility of psychopathological problems. Taiwanese hospitals may label hundreds of children as having 'developmental retardation' within a day but are only prepared to offer very limited space for paediatric psychologist's treatment and intervention. In Hui-Yu's narration, the storied context of '*the only way to go (S1)*' showed that she had to follow my advice otherwise YH would not be treated by a psychologist. Tai-Ya's words of '*no help was helpful (S1)*' were also the example of how the imbalanced setting of 'early intervention' caused helplessness as he struggled to find medical support for his son. The professionalisation of a psychologist's work, actually, because of its political contexts, demonstrates this 'helpless help (T:S1)' when a disease is developed to be given as a diagnosis without any accompanying solution. Then, as the sick child's parent, the helplessness could become an act of moral condemnation for the medical profession.

7.2.3 Medical Power as the Moral Force

The medical profession not only confirms a child's disease but also compulsively inserts the medical context into parents' everyday life. 'Therapy' therefore becomes not only the 'new' medical language for clients to use and become familiar with, but also the moral context that a parent should obey and follow for their child's health. In this context, '**not'** using medical help for a sick child can be regarded as moral condemnation of the parents. Ascribing a medical setting to a child's disease could be seen as moral judgement by the child's parent.

This study provides examples of how, in 'early intervention', a parent has to learn

another language from medical professions so that they may also interpret the child's development from the mundane life to the pathological rationality. Hui-Yu and Tai-Ya's cases both show that, once a child is proved to be 'retarded', the appropriateness of the main caregiver's parenting efficiency and his or her relationship with the sick child are immediately evaluated and judged. In the cases I have presented, early intervention medicalised not only these clients' child's development but also their parent-child relationship at once. Further, medical professions moralised the parent's endeavours for his or her child. Tai-Ya's example clearly shows that, to the child with developmental retardation, medical professions of early intervention not only medicalise the family's everyday life but also moralise the parent's responsibility for this child. As he reflected on his fault of not choosing medical service when Kevin was first diagnosed as autistic, Tai-Ya had to 'surrender' to the medical domination.

> 'We are so weak to face the doctors. As his father, I could not argue with them….no…I even could not have the right to argue with them. The medical diagnoses were such the strong evidence that I had to admit my wrong decision to my son and surrender to them. They were as if standing at a higher position and scolding me like…"If you don't use (the medical resources), you are irresponsible" (S6: T)'

The two participants of this study showed different attitudes while coping with how their life had become dominated by medical professions. Facing Kevin's label of autistic tendency, Tai-Ya chose to argue against this diagnosis by choosing an

alternative option in 2005, and was blamed for making an 'irreversible mistake' by paediatrics. For, while coping with this mistake, Tai-Ya '*had no other choice (S1: T; S2, H)*' to surrender to the medical system in 2007. In Hui-Yu's example, she chose to defer to the medical professions in 2001 and was honoured by the remarkable feedback of the 'significant successes' for her effort with YH. For both of them, medical professions of early intervention not only evaluated their son's development, but also judged their accomplishment as being the father and mother. Their narrations showed how medical power embodied the medicalised parent-son ethics in the conversation with medical professions so as to moralise the parent's actions for his/her sick child.

This study also showed that, in the process of early intervention, a medical profession could morally prejudice a parent's responsibility and obligation which then causes parents little choice about whether to follow the 'orthodox' route to cope with the child's disease. For me, in my process of doing research, I also came to realise that I was so used to my medical position that I did not know I took the power of judging a parent's effort for granted. Hui-Yu's reflection of my words 'No one could help your son if you feel you cannot' showed that I asked her to take the responsibility for helping her son in a medical context solely because she was the mother. I learned that, as a paediatric psychologist, I used my professional position with my medical resources to face a family: not only providing the result of a health evaluation, but also dictating moral interpretation of the family relationship.

For me and the two clients, what and how the counselling practice was contextualised did not only involve the history of their medical actions for their

children, but also the history of fighting the moralising voices of the medical professions, policy and environments. Suffering, in this process, was not only the difficulty of coping with the son's illness, but also the crisis of facing the medical profession's moral judgement, despite the reality that the overall medical environment had never developed enough ability to fully address the family's needs. For us, while our narration in therapeutic practice re-defines responsibilities for the son and other family members, we also formulate a 'body' to the unwell Taiwanese medical reality with the moral context of socio-cultural dominance, and therefore, in this power relationship, we could only surrender to it since we could not disobey its moralisation. In developing our mutual relationships, clients and I were suffering for our common medical reality in Taiwan, which has also been developed as the 'Other' we were suffering 'for'.

7.2.4 The Language of medical embodiments: Medical Reality as the 'Other'

The discussions above illustrate a developing understanding of my psychotherapeutic practice in a paediatric department as a historical reflection on the Taiwanese medical policy of early intervention. Our psychotherapeutic practice had developed a hermeneutic horizon that, beyond our experience of suffering, the political setting of our interactive work for the son had also embodied moral values concerning our responsibility for others, interpretation of lived experience and interaction with each other. In this macroscopic imbalance, we could only passively accept the reality that our society had not developed enough resources so that we were forced to suffer for this 'useless society'. In our intersubjectivity, 'early

intervention' and the psychotherapeutic work in early intervention had been developed as the contextualised object which caused the language of suffering and its comprehension. In short, in the field of mutual understanding, we suffered for the son with a developmental problem and also for the early intervention in its developmental history.

7.3 The Bigger Rooster Crows Later: Suffering for our Culture

The previous chapters show that, when a 'son' is diagnosed as having a lifelong disease, the medical context of a disease can become a threat to his family; this study has offered examples of two family's defence and acceptance of a son's autistic tendency. This threat, in terms of language, naturally contradicts with a family's interpretation of the 'son's' development. In contrast to the medical reality as an 'other' which causes the experience of suffering, the mundane context, the everyday language about a child's development and the family ethics, were developed as another 'other' in our therapeutic practice, which had pre-framed our knowledge and interpretation of a son's disease in the cultural sense. This section will explore and trace the formation of the cultural embodiment of suffering, in which Taiwanese culture and sub-culture had influenced our ethical concern of 'suffering' for the son.

As presented in Chapters Five and Six, the medical context of Tai-Ya and Hui-Yu's sons' disability contradicted with our folk belief regarding a child's normal growth in Taiwan, especially the growth of a child who has no obvious physiological abnormality like Kevin and YH. The pathological language of 'developmental delay'

and ‘retardation’, like a real insult, challenged the parent's understanding of child development. From the old Taiwanese old saying ‘大隻雞慢啼, ‘the bigger rooster crows later (S1, T; S1, H)’, which implies that a cleverer child would learn language slower than the ordinary children, both Tai-Ya and Hui-Yu’s family reflected upon their feeling that Kevin and YH could not possibly be the child with ‘developmental retardation’ and ‘autistic tendency’. In this slang, the context of ‘developmental delay’ does not mean an illness of a child; rather, it can be refer to the possibility of ‘being cleverer’. However, when the traditional term of ‘learning language later’ became the medical label of ‘retardation’, a parent has inevitably been placed in the conflict between tradition and medicalisation as well as the conflict between family ethics and the medical moral condemnation that drives individuals to be the ‘proper parent of the sick son (H: S1)’.

The exploration will be started from the concern about the ‘debt’ between a parent and a child. In my own and Hui-Yu’s narration, we both developed the context of understanding in which a parent and the son’s responsibility for each other was transmigrational. Our culture embodied our understanding of this context of suffering, and we both developed the debt we ‘ought to’ pay for the ‘Other’ in ‘this’ life.

7.3.1 The Debt of Being a Parent

Illness, in Taiwanese folk culture, has an interpretation due to Buddhist and Daoist rationality that the ‘suffering’ for someone in ‘this life’ is due to the unfinished business as the ‘debt’ for him/her in the ‘previous life’ (Yee, 2005). One’s

relationship with a family member who has a psychotic or chronic disease, in the ethical context, is often regarded (and sometimes stigmatised) as the ‘debt’ acquired through acts performed in the ‘previous lives’ so as to ‘pay’ in ‘this life’. The ‘debt’ could mean the ‘faults’ the family had committed with regards to its sick member in ‘previous lives’ and therefore the family unavoidably has to compensate and attend to the patient in ‘this life’. Accordingly, a family with a disabled child could be labelled as a family in which the members have to assume the ‘unfinished businesses’ before ‘this life’ as the ‘debt’, or the family’s ‘immoral’ affairs in the ‘last life’. Therefore, , in this cultural sense, the diagnosis of a disease not only involves the pathological context of a human body, but also the moral context of our culture. To account for illness and suffering, medical professions not only label a child's disease to his family, but also transact the cultural sense of the 'debt' to the parent's responsibility for the child, and thus could stigmatise the parent's effort as the ‘original mistake’ committed before the child was born. Hui-Yu’s discourse of her son YH’s sacrifice for the whole family was the example which clearly showed the transactional context in her stories as represented in Chapter Five.

However, when our counselling process generated Hui-Yu’s discourse of ‘debt’, my own discourse of ‘debt’ was also formed through this process of understanding. My work with the families like mine would be regarded as a work of paying the ‘debt’ to my own family because I had recognised that my aunt was not adequately cared for in my family structure. For me, my work as a paediatric psychologist enabled me to pay the ‘debt’ for my father so that I may endeavour to make a family like mine ‘better’, as reviewed in the last two chapters, in my relationship with other family members and the connection we share with existing social welfare.

Culture, in this process of mutual understanding, gave us the contextual values and weight to interpret our own responsibility for the others. In the mundane life, a father and a mother were suffering for the son or a son was suffering for the father and family. This responsibility of suffering is intrinsically rooted and pre-morally framed in our culture. To engage in 'suffering', we also contextualised the 'family ethics' codified by our culture.

7.3.2 Confucsian Family Ethics: Five Ethics and its Power Structure in a Family

In his book 'Patients and Healers in the Context of Culture' (1980), Arthur Kleinman observed how a Taiwanese family would approach the cultural and ethical context of 'healing' when a child was suspected as being sick (p. 188):

> If a child is sick, and the illness is expected curable, the parents will be the decision maker (usually the mother) and start from Western medication. However, if a child had found the chronic and non-life-threatening sickness, the grandparents will involve in the decision-making process and will be the main decision makers who would search for non-western medication. Usually, the Chinese medicine, Shamanism and folk therapy from the grandparents' interpersonal network will be the alternatives of Western medication.

Although this observation was reported nearly 30 years ago, it has not changed much. As a resident who lived in Taiwan for more than thirty years, I am used to this pluralistic action and interpretation in which a family is a 'unit' when considering a

family member's experience of illness and recovery. As seen in the observation of Kleinman (2006), illness in Taiwanese society is not only a person's physical or mental problem but also incorporates the family's action against the influence of the disease. To act on a disease, a family could choose Western medicine, Chinese medicine and Taiwanese Shamanism (Kleinman, 1980; Hwang, 2001a; Yu, 2007). The interpretations of the disease are different from each medical perspective but are not controversial to each other (Yee, 2006; Yu, 2007). For example, one's illness diagnosed by Western medicine may become the imbalance of the '*qi*' in Chinese medicine or the *karma* by folk therapists like '乩童 Donki' in Taiwanese society (Kleinman, 1990). The rationality of one's illness and recovery is examined and interpreted not only by the medical professions but also by his or her family.

Influenced by Confucianism, the 'family ethics' can be regarded as the most fundamental moral concern of interpersonal relationships in Taiwan (Hwang, 2001a, 2001b). In the 'five cardinal human relations[27]' (Hwang and Chang, 2009), three of the five essential morals codify the family relationship between father and son, between husband and wife, and between elder brother and young siblings. Culture embodies the moral values in the responsibilities between family members and therefore psychotherapy could unpack the values from the language of suffering processed between therapist and clients. In this context, the therapeutic practice with the two clients acknowledged the cultural framed family ethics of 'suffering-for-the-son' which examined their moral position as the parent. Therefore, in the following discussions in 7.3.2.1, 7.3.2.2 and 7.3.2.3, I will trace the interpretive

[27] The ethics between ruler and subject, between the father and son, between husband and wife, between siblings, and between friends,

horizon of family ethics contextualised by my fieldwork, and discuss how Taiwanese culture and society had pre-framed our action, narration and comprehension of 'suffering for the other' in terms of the Confucian family ethics of partner relationship, father-son ethics, and mother-daughter complex.

7.3.2.1 The Ethics between Partners: the Suffering Interdependence between Client and Me

In our therapy which was centred on the 'son's' progression, Tai-Ya and Hui-Yu developed an alliance dedicated to making their son 'changed'. We shared the responsibility of being the parent and co-suffered for the son. In this alliance, I had two symbolic roles re-contextualised in our interactions and dialogue. The first is like the **partial parent** who was knowing, acquainting and teaching their child. The second is like the client's **spouse** who co-experiences and shares the 'son's' difficulty and the responsibility as 'the parents'. Our therapeutic actions 'for' the son could be seen as the developing context of the ethics of partners: *how the parents could help the son together*. In the cultural context of family ethics, we re-contextualised the responsibility between husband and wife and reconstructed the subjective ethics as the 'parents'. In our developed language, the context of 'suffering' was thereby transacted between therapist-client relationship and parent-son relationship.

In Tai-Ya's case, Kevin's psychological intervention could mean that we interacted with each other as if we were cooperative parents, in the same way he and his wife Jene constantly behaved for their son. As presented in Chapter Six, our counselling

practice re-contextualised this experience of ‘co-suffering’ because we saw and shared each other’s failure so as to understand how difficult Kevin’s progression could be. In this process of sharing the parenting failure, we also learned the tricks of interacting with Kevin from each other’s successes and mistakes. Gradually, our mutual responsibility was developed and confirmed, in which helping Kevin moving forward to the next developmental milestones was the main focus in Tai-Ya’s relationship with me.

The therapeutic alliance between Tai-Ya and I in our cooperative work for Kevin was developing similarly to his relationship with his wife Jene because when the context of the mutual responsibility between Tai-Ya and I was becoming concrete, the mutual responsibility between him and Jene was becoming clearer as well. Since Kevin’s progression became the dominant context of the family work, the context of fulfilling the husband-wife ethics was transacted from our therapeutic encounter to his husband-wife relationship. Tai-Ya’s example of using the therapeutic concept of ‘empowering Jene’ showed how he created another therapeutic alliance between him and his wife at home. The action he took when embarking on the ‘first long trip in the marriage’, as he discussed in our fifth counselling session, was an opportunity for him to practice his new awareness of their mutual responsibility for their son.

Similarly, Hui-Yu and myself developed a therapeutic alliance which was like partners helping their son, in the period between 2001 and 2005. Since we had worked together on YH’s psychological intervention for over three years, our relationship transacted to her relationship with her partner in her family. As shown in Chapter Five, Hui-Yu was the successful model for she obeyed the orthodox

treatment and gained her son's progression which was applauded by medical professions. In her social groups, our therapeutic relationship became the model of the relationship between a patient and medical profession in the practice of early intervention. However, in this relationship, I also worked as a model for her expected husband's role, as in YH's intervention she acquired a partner who could attend to her effort of teaching YH and also shared the difficulty of it. From YH's intervention, she brought our therapeutic games and tasks home and asked Lee to attend to the games with her and their son. In the period of YH's intervention, her relationship with her husband Lee was improving alongside her relationship with me. Like Tai-Ya, she oriented a therapeutic alliance with her husband at home which is similar to the development of her relationship with me. In her history between 2001 and 2005, the context of her husband Lee was changed from an irresponsible father to the '*head of household (S2)*' who worked hard and took on the father's responsibility.

For the 'son' with autistic tendency, both clients and I developed and contextualised mutual responsibility for each other, which was similar to the ethics of partners in a family. How the encounter in counselling practice had developed not only involved the context of the child's progression but also the context of the parents' 'ethical re-position', in which the father and mother returned to the properly traditional position within the family ethical structure. By means of the therapeutic relationship, Tai-Ya and Hui-Yu re-defined and re-developed their context of responsibility: not only the responsibility of being a father or a mother but also the responsibility 'with' the partner which then enabled them to work together for the sick son. Accordingly, in the development of their stories, they could not only make

themselves a responsible parent but also give their partner an ethical position in being the child's 'parents' together in order to deal with their son's sickness. In these cases or in my experience, counselling practice remoralises the husband-wife ethics in its process and transacts its context between the therapeutic relationship and the partner relationship.

7.3.2.2 Between Father and Son: The Conflict with Filial Piety

In Tai-Ya's third to fifth sessions of counselling, he started to narrate the relational change between him and his father and, at the time, I was engaged in my own relational issues with my father. In this relational encounter, for Tai-Ya, because of his son Kevin's disability, he was also involved in an ethical conflict with his father; for me, because of this fieldwork, I recalled my 'unspeakable' conflict with my father in which I had to repress my arguments with my father regarding his attitude towards his disabled sister. The ethical role of father and son as well as their relationship were therefore developed into an ethical interpretive horizon regarding father-son ethics. In our conversation, the lived experience of suffering, therefore, transacted between the different generations of his family and my own. The discussion in this part of Chapter Seven intends to show how, for my two clients, our counselling practice reframed the moral value of being a father and a son, and re-contextualised the 'father-son ethics' in the context of Confusian culture and family ethics.

'Filial Piety' was the moral context developed in the narration of our implicit conflict with the role of father. Being a son, as presented in Chapter Six, Tai-Ya felt guilty

about Kevin's autistic tendency and giving his father the 'autistic grandson (S2)', because the label of autism could stigmatise the whole family. When Kevin returned home after two years' separation, due to his reliance on his father's assistance with looking after Kevin, the guilt of 'giving father the big burden (S2)' was intense. The unspeakable anxiety he experienced made Tai-Ya feel 'unfilial (S2, S6)' to his father. Although he was sometimes irritated by his father's 'unfairness'(S2) in treating his brother and other grandson, as the son, being 'unfilial' always demanded moral condemnation until when, in our fifth session, he apologised to his father and was released through his father's forgiveness.

As disclosed, judging my father also made me feel 'unfilial' and therefore my experience of implicit conflict with my father was transformed into the self-condemned context of being 'unfilial'. I criticised my father's physical punishment of my aunt, but being the son, I also understood my father's 'old school' attitude because that was the education of his generation and because our society had never supported a family like mine. For me, I could not 'correct' my father's way of teaching because I know the difficulty we experienced was due to our undeveloped society, not him. My critique of him was because I later became a medical profession and was then able to use medical moral values to judge him. If I had not, I would never have been made aware of my father's violation of the appropriate treatment of a disabled family member. At the same time, despite my new knowledge, I could only remain useless to my family and keep silent with my father. For me, my conflict caused me to be, like Tai-Ya, silenced but also enabled me to deeply understand my client's helplessness. When Tai-Ya was telling me how the Taiwanese society is useless and how its medical system caused helplessness, as the

therapist working with the children whose future could be like that of my aunt, I could understood Tai-Ya because we both suffered from our undeveloped society.

Accordingly, Tai-Ya and my experience of 'unspeakable suffering' was re-contextualised by Kevin's psychological intervention in which his relationship with his son could be re-constructed through his ongoing endeavours to support and promote Kevin's progression. Also, in this process, the father-son ethics was ascribed the cultural context of our language. For Tai-Ya, Kevin's progression brought positive knock-on effects to the father-son relationship between himself, his father and Kevin in which Kevin's interaction with both of them was obviously better. The better relationship between him and Kevin made Tai-Ya decide to break through the silence between him and his father, and his apology to his father was proof of this break-through. For me, witnessing Tai-Ya's acts enabled me to re-examine my criticism of and appreciation for my father; through promoting Kevin's progression I was able to gain more understanding of the difficulties my father faced while looking after my aunt in such a cruel environment as Taiwan. In other words, the work with Tai-Ya made me feel closer to my father as well. When the therapeutic relationship present in Kevin's intervention was helping this boy to progress, the relationship between the adults in Tai-Ya's sessions grounded our trust with not only each other but also our fathers.

The therapeutic work, in Tai-Ya and my interaction, became the process of making ourselves return to our moral position as the father, and as the son. In our language, 'Filial Piety' was the cultural embodiment of how we both faced unspeakable anxiety in our paternal relationships. In this process, Tai-Ya's

experience of ‘unspeakable suffering’ shared the cultural values and weight of father-son ethics with me, and therefore we shaped the context of ‘feeling unfilial’ and reconstructed its ethical values in our conversation and everyday life. The context of ‘suffering’ was accordingly transacted between us, by this moral reconstruction of father-son ethics, and we both found ourselves returned to, for Tai-Ya, the ‘father’ who had the ability to bring up his son and the ‘son’ who could thank his father, and for me, the ‘son’ who could again see his father’s difficulties and his father's efforts to maintain his family.

7.3.2.3 Between Mother and Daughter: The Transaction of Women Ethics

Hui-Yu’s stories re-contextualised a gendered cultural embodiment of the ethics between mother and daughter, although her main therapeutic concern was for her son YH. Yet, while YH was the priority, her conflicts with her daughter Ling were also narrated in our counselling sessions, in which ‘women ethics’ in Taiwanese culture became the context of a transactional cultural exchange from Hui-Yu’s mother to her daughter.

As discussed in the last section, the five cardinal human relations codified the ethics between father and son but not between mother and daughter. In the old Chinese tome ‘孝經 Hsiao Jing (the book of filial piety)’ which codified the ethics of ‘filial piety’, the father is set as prior to the mother in a family that a ‘son’ should be filial[28] while no behaviour of a ‘daughter’ is mentioned. The context of ‘filial piety’ in

[28] 資於事父以事母而愛同．資於事父以事君而敬同．故母取其愛．而君取其敬．兼之者父也。孝經士章第五

Chinese society is developed from father-son ethics and therefore father-daughter, mother-son and mother-daughter relationships are subordinate relative to the father-son based ethics of 'filial piety'. This section will discuss the gender issues behind Hui-Yu's effort towards YH and its influence on her relationship with Ling.

Mother, in Taiwanese society, is mostly seen as the main person who takes responsibility of looking after the sick children in the family (Kleinman, 1980, 2006). As the old Taiwanese slang 'men take the responsibility of the affairs outside of the home, and women inside[29]', when a member has a chronic disease, the women in a family take the responsibility of caring for this sick person. Mostly, the grandmother, mother and sisters are responsible for rearing and taking care of the patient, while the father and son are not. Hui-Yu's conflict with Ling showed how this patriarchal term was transacted from the last generation to the next generation, which reconstructed their moral position in the family and recontextualised the 'women ethics' found in Taiwanese cultural terms.

For me, as presented in Chapter Five, engaging in Hui-Yu's narration of how she looked after YH gave me a new perspective of seeing the role of 'mother', which I had previously taken for granted in my own family history. My interactive counselling practice developed my perspective not only because I saw first-hand how Hui-Yu's took on the difficulties of her family but also how a 'mother' had insisted upon her moral position in the family and took this responsibility with silence. Knowing her story enabled me to understand my mother again in the position of the 'son'. For both her and myself, we were actively finding the

[29] 男主外，女主內

contextual value of the ‘mother’ in the language of our ‘families’, by means of the mutual understanding of women ethics from our culture.

Women’s family ethics are codified as the ‘**Three Obediences and Four Virtues**’ to follow, which means that a woman in her life has three persons to obey and four virtues to guide their behaviour: According to the Confucian literature‘儀禮、喪服、子夏傳(Manner, Mourning, Tzu-Xia Chuan)’, a woman has to obey her father when she is not married, to obey her husband when she is married, and to obey her son when her husband has passed on. From ‘周禮、天官(Chiu-Li, Tien-Guan)’, a woman has to conduct herself morally, speak proper words, keep a beautiful face and master domestic skills. These codified moral regulations define a woman’s proper manners in her family. In her interaction with me, Hui-Yu never mentioned her father, but told me how she was taught by her mother in the traditional countryside Yi-Lan (S1, S7). Since she was little, the values of being a proper woman were embodied in her everyday life and '*obeying the husband and the son* (S1)' became the core rule that she had to keep in her family even though her husband was ever unfaithful and her son was labelled as having a lifelong disease. Therefore, facing her husband’s irresponsibility, she chose to endure the shame of the husband’s infidelity so as to switch her hope of family satisfaction from her husband to YH at the expense of her daughter. 'I have never denied that I am treating girls as inferior of boys *(S2, S4,* S6)', as she said. When Lee was disloyal to this family, YH was her only hope until he was found problematic by medical professions. Understandably, the diagnosis of autistic tendency nearly ‘destroyed’ this hope in 2001. However, her narration had represented that, to obey the mother’s teaching that the son is the centre of her life, she was forced to put her entire effort on YH’s intervention

and had to neglect her daughter.

Ling therefore became a neglected child since Hui-Yu spent most of her family time on YH's intensive interventions. At the same time, following what her mother had taught her, Hui-Yu tried to educate Ling to be anther *'traditional woman (S6)'*, just like herself. Therefore, Ling was taught to be a girl who had to obey her father's words when she was young and to also feel responsible for her sick younger brother. Through mother-daughter ethics, Hui-Yu attempted to transact the context of women ethics and again embed them in the next generation. However, Ling is not Hui-Yu after all, and Hui-Yu's teaching gradually turned into conflict with Ling when her daughter reached puberty. As she said, 'The society is not the same from 20 years ago; Ling could not accept my words (S6)*'*. In her disappointment, she worried that Ling would not accept the responsibility of looking after YH, the 'son' who was supposed to serve as the centre of this family. The disappointment represented a failure in efforts to transact the family ethics between mother and daughter.

In summary, different issues emerged in my relationship with Hui-Yu. This case presented a gender issue involving the passing of family ethics between the three female generations of her family. In counselling practice, we gave the 'mother' a cultural context with sociological understanding; Hui-Yu's wholehearted focus on YH and her neglect of Ling challenged my paternal understanding of her but enabled us to re-develop a maternal perspective incorporating woman's ethics. With the developing interpretation of mother, our conversation contextualised a cultural but patriarchal interpretive horizon of the family ethics. The context of 'women ethics'

became a symbolic object embedded into our understanding of the 'mother' in our everyday life as a silent caregiver. When our therapeutic practice focussed on the experience of suffering for the 'son', due to the moral structure of Taiwanese society, Hui-Yu had to unavoidably put herself in the position of suffering for the women's tradition and family ethics, as well as suffering from the impaired mother-daughter relationship these ethics cultivated. Culture embodies the moral values in one's responsibility for the other and, in language, becomes a symbolic 'other' that one has to suffer for.

7.3.3 Summary: When Culture Itself as an 'Other'

Cultural values and practices are never static, according to McLeod (2005), but shift to reflect the ways that individuals develop contextual responses to environmental processes. Tayler (1988) argued that we are all situated within a moral topography that orients us to life by demarcating the good. In our therapeutic work, we develop a horizon of understanding about how our culture embodies the 'moral topography' and its values in our relationship with others. Culture, in this sense, is a symbolic 'Other' which codifies the context of ethical orders in the everyday language we use for communication. Being horizontal to a medical perspective of illness (Kleinman, 1987), family ethics in Taiwanese society actively shaped the relationships created between myself, participants and their sons. This study also developed an understanding of a mother's moral position, from the patriarchal context which Confucian tradition has embodied as 'Women ethics'. Echoing McLeod, through dialogue in psychotherapeutic practice, we built the 'Culture' as a relational object

upon which we applied our reflexivity. On the one hand, we attached ourselves to the responsibility found between parent and son. On the other hand, we were developing the comprehension of suffering through the values rooted in our culture and our everyday life. Responsibility is heavy, not because of the reason for the son's lifelong illness, but because of the ethics, the lifelong context of fitting ourselves into our culture and tradition.

7.4 Religion: The Deconstruction of the Relationship between Self and God

Religion was also developed as an important 'Other' in the psychotherapeutic process of constructing the meaning of suffering. Illness is pathological, but the experience of suffering is not (Summerfield, 2004). It has been explored as political, cultural and, in this section, will be discovered as religious, because both clients put 'God' in an important position when narrating the experience of suffering. As discussed, an individual could feel recovered from a disease not only because of the reduction of clinical symptoms but also because of his/her subjective interpretation of '*becoming better*' which is strongly related to the relationship between self, body and others (Kleinman, 2006; Frank, 2001, 2005; Wilkinson, 2005). In this context, religion does not heal people through pathological recovery but, rather, allows people to subjectively '*feel helped by God*'. Different from the experience of recovery from an objective disease, religion help one subjectively re-interpret his or her experience of suffering and recovery as well.

This final section presents the development of the language of an individual's relationship with 'God', the language which involves a religious context that is

spoken, communicated and responded to in the process of counselling. When both clients mentioned their experience with an awakening of responsibility for their sick child, they developed the language of 'God's help' at the same time. In their most agonising moments, both Tai-Ya and Hui-Yu transformed their unbearable suffering into actions of lifelong responsibility, and they both attributed this transformation to God's help. In this sense, God became a contextualised 'Other' who is beyond the 'son' that Tai-Ya and Hui-Yu are responsible for. In our therapeutic practice, we also developed relational understanding not only with our important others, but also with God. This part of discussion will explore the development of this interpretive horizon of suffering and responsibility for God.

However, Taiwan is a society with multiple religions. Due to its Daoist and Buddhist historical background, a dominant part of the population embraces polytheistic perspectives of God, in which different 'gods' may help people in different situations for different reasons. Especially for non-Christian people, being religious may mean one's strong and safe binding with different names of 'gods'. In this ethical context, I adopt 'God' as the plural form of our religious context in this research. The context of 'Lao-Tien-Yei (老天爺)' or 'Tien (天)' mentioned in Hui-Yu's sessions and the first chapter of this study mean 'God' in the context of general use. However, 'God's help' for a Christian like Tai-Ya, although it has the context that God helped him through the 'Holy Spirit (S5)', has the Taiwanese historical background of how he found himself settled between different Christian branches. Tai-Ya and Hui-Yu showed that 'God's help' and their attachment to God contain historical, political and geographical contexts. Nonetheless, from an understanding of how Tai-Ya and Hui-Yu developed their appreciation for God, their experience of suffering

was given an extra-ordinary meaning: for them, suffering meant not only assuming responsibility for their son, but also re-connecting themselves with God.

Accordingly, the context of 'God's help' will be discussed from my clients' subjective perspective on their lived experience of suffering. For instance, Hui-Yu developed the discourse of 'sacrifice' where she believed her son made a bargain with God for saving the whole family. I will further discuss this understanding from a Taiwanese folk perspective of trans-lives suffering. In Tai-Ya's stories, the chaos of interpersonal relationships in his Presbyterian community threatened his relationship with God, but when he settled down himself in the Salvation Army, he re-secured his relationship between God, his son and himself as well. In the therapeutic practice, their experience was developed as the interpretation in which God's help is a subjective context with the integration of socio-political resources. Rebuilding the secure relationship with God in language re-contextualises the ethical responsibility for the other, and re-secures relationships with others. In our intersubjectivity, God has been developed as an object which we attach to. In my clients' experience, suffering for the son was developed as the ongoing history of taking the responsibility of God. Religion, through the hermeneutic understanding of suffering, embodied the values of our everyday responsibility in the experience of suffering.

7.4.1 Hui-Yu's 'God's Help': The Trans-life Suffering

In the sixth counselling session, Hui-Yu mentioned this help from God, and contextualised how she transformed it into the responsibility for God:

> In my most depressed moments, there are always people guiding me where to go and directing me how to do…seriously, apart from the moment that you told me Yi-Hung is possibly an autistic boy, I never get lost afterwards. I believe that 'Lao-Tien-Yei' is truly helping me. (S6)
>
> I will never give up!! From these years, what I have learnt is that I should and will not give up! If you ask me what I could teach those mother (with autistic child), I think all I can tell them is never giving up to the child. It is not only the responsibility for yourself, but also the responsibility for Lao-tien-Yei. (S6).

The development of 'Lao-Tien-Yei' in Hui-Yu's stories explains how Taiwanese society interiorises the 'causality of suffering' which contains a folk context of transmigration: A suffers for B in 'this life' in order to compensate B because A harmed B in 'previous lives'. In Kleinman's fieldwork in Taiwan in 1980, he mentioned how the Taiwanese folk therapist '*Donki*' related one's physical illness to his/her interpersonal relationships with others from the person's different 'lives'. Hui-Yu's story shows how the folk-religion perspective of suffering was embodied in her subjective context of transformation, in which the experience of suffering is transacted between different 'lives'. As showed in Chapter 5, Hui-Yu developed the discourse of YH's 'sacrifice', in which YH, before he entered this world, used his autism to exchange his health for his father's return. As she said in our second session, 'I believe that YH sacrificed himself to bring his father back to us. Before he came to this world, he might have made a bargain with God and used part of his life as a sacrifice to save this family….This is the only way that I can explain Lee's return.

(S2)', Hui-Yu felt that in 'this life' she had the intrinsic responsibility for repaying her son's sacrifice.

In our work together, Hui-Yu developed her subjectivity around her interpretation of a balance between lifelong 'suffering' and her 'responsibility' for her son. This interpretation is not only the son's sacrifice so that the family can be reunited but also God's help so that the father, mother and son could return to their ethical positions in this family. For Hui-Yu, YH's disability reminded of her unavoidable and primordial responsibility for YH in which YH's sacrifice was the moral 'debt' which she had to pay and existed prior to any present relationship with others. Beyond the subjectivity of her responsibility, the relationship between Hui-Yu and YH is not only the family context of suffering for the sick son but also the context of the responsibility '**before**' YH was sick, in which the 'Lao-Tien-Yei' of God has already affirmed her efforts concerning YH as her lifelong responsibility for God. The meaning of 'suffering' was transacted to the responsibility for YH; also, the meaning of 'suffering' was transacted to the 'responsibility for God'.

Hui-Yu's case provides a different perspective in terms of 'recovery' from the medical empirical model, in which she did not develop the storyline of getting rid of suffering but of ensuring her moral connection with her son and God. Through translating her subjective experience of life into language for our counselling conversation, she reframed the ethical power structure of God, YH and herself based in a Taiwanese polytheistic context, and extended the context of responsibility from 'this life' to the 'last life'. For her, understanding 'God's help' could heal, not in the context of taking 'suffering' away, but in the context of

confirming the moral weight of her responsibility.

7.4.2 Tai-Ya's 'God's help': The Christian Context of Suffering:

For Tai-Ya, he showed how he related his responsibility for Kevin to his awareness of 'God's help' in the context of Christian morality. Like Hui-Yu, in our counselling practice, he redefined his '*responsibility of being Kevin's father* (S7)' and transformed the responsibility for the son as also the context of the responsibility for God. From the 'enlightenment' of the Bible story, he gained a new interpretation of being the father in which he re-located his moral position between Kevin and God and re-defined his responsibility: Taking the responsibility for Kevin also became his lifelong responsibility for God, as he reflected on this enlightenment in our sixth counselling session:

> '….We believe that God would empower us by his certain power, we call it the 'Holy spirit'. Through our awareness of Holy Spirit, we feel the important message that God is trying to pass to us. You know…I have listened to this story[30] for many times since I was a child and cannot explain why in that special night this story could come to my mind and cause my insight at the time? After that night, I am more certain that God was helping me teaching me the responsibility I should take for him and Kevin…(S6)

As presented in Chapter Six, Tai-Ya grew up in a Presbyterian Christian family. Since he was a child, he was used to attending the religious activities in the Pu-Li

[30] The story from bible about the master and servents

Presbyterian Church, which is the biggest church in Pu-Li town. As Pu-Li is a small town with people who have close relationships with one another, the congregation had been a 'big family (S2)' to him, which meant the congregation worked with the context of family ethics. However, when Kevin returned home in 2007, Tai-Ya started to bring him to the congregation and Kevin was regarded as the 'wild kid' who ruined the worship and caused the members to blame Tai-Ya for failing to educate his son. For Tai-Ya, 'having an autistic son' became the stigma in this communion because his son was labelled as the difficult boy and he was thought of as the irresponsible father. Kevin's return affected his relationship with his worshiping partners and threatened his relationship with God. Therefore, Tai-Ya found his own family was rejected by the congregation, and because of Kevin's difference, his most important social support became cruel social condemnation. He had no choice but to leave. In order to secure his relationship with God, he joined the nearby church of 'Salvation Army' despite the fact that he had no idea of the difference between the two branches.

The Presbyterian Church, since 1865, has been the oldest, biggest and most influential Christian organisation in the history of Taiwanese Christianity and has influential power over Taiwanese religion politics. In Pu-Li, the Presbyterian Church was the only Christian church built in 1873 and provided the sole place to worship God (http://www.pct.org.tw/aboutus.htm, 2009). In 2000, the year after the Earth Quake 921, the Salvation Army established its 'base' in Pu-Li (http://www.salvationarmy.org.tw, 2009). Comparing the two Christian institutes, the Salvation Army has very different interpretations of the Bible and various moral concerns regarding proper Christian behaviour, but, apparently, the biblical

difference was not involved in Tai-Ya's consideration of his relationship with God. For him, the relationship between himself and God was only dependent on having a church where his son could worship God with him without receiving any criticism from the congregation. In the process of developing his relationship with the Salvation Army, Kevin's 'mistakes in my previous congregation became not a mistake at all (S4)', rather, from the priest, 'Kevin's meaningless language and voices were part of our religious service (S4)' and 'became the teaching from God' (S4). For Tai-Ya, the most important thing in the process of re-securing his relationship with God was that Kevin's autistic tendency was regarded as part of their worship ceremony, which reconnected God with both him and his son.

Beyond the context of Tai-Ya's transformation from suffering to worshiping God, Tai-Ya's stories provide the subjectivity that 'God's help' is not merely a spiritual comfort to a person like him but also the relational support conditioned by socio-political reality. To secure his relationship with God, the Biblical context of 'God's help' was not developed as the necessary condition of the transformation. Rather, his subjective awareness of the attachment to God had to be in tune with the socio-political and geographical harmony in which the location, people and worshiping procedure in the Church dictated/affected his reconnection with God. To re-shape the responsibility for God, he had to re-organise the safe attachment to his son as well as other people, space and God.

7.4.3 God as the 'Other' Whom We Are Suffering For

From Tai-Ya and Hui-Yu's examples, their relationship with God was developed into

different contexts of understanding where Hui-Yu showed the development of Taiwanese folk interpretation of God and Tai-Ya provided a Christian perspective of spirituality and the Taiwanese political background of Christianity. However, for both of them, taking the responsibility for God, as the infinity in terms of Levinas (1986), was developed as the lifelong task with their son who has been labelled as having a lifelong autistic tendency. In this horizon, the moral order between God, self and son was constructed and affiliated in the narratives about their subjective experience of suffering. The embodied ethics and moral values were contextualised in the God-self relationship, in which taking the responsibility for their son could make them suffer and, on the other side, cause them pride.

7.5 Summary: Politics, Culture and Religion as the 'Others' in Suffering Transaction

In this chapter, my research data re-explored the three hermeneutic horizons from the development of three socio-cultural embodiments of politics, culture and religion. The three parts of discussion showed that, in the narratives from Tai-Ya, Hui-Yu and myself, the Taiwanese political setting of early intervention, a cultural tradition of family ethics and the religious understanding of 'God's help' pre-set the interpretation to our responsibility not only 'for' the sick son but also 'for' themselves, as the three greater symbolic objects as the 'Others'. When therapeutic practice formulates the context of suffering for the sick son, this chapter showed the process whereby we are also suffering for immature medical policy, patriarchal social customs, folk cultural values and local religious beliefs. In terms of a Lacanian context, Early Intervention, Family Ethics and 'God's help' became the three objects

of ‘symbolic order’ which contextualised our responsibility of suffering (Fryer, 2004). In Levinas’s concept of ‘suffering for the other’, they were developed as the symbolic ‘Others’ which embodied the moral values in our languages.

These three symbolic ‘Others’ also indicate the moral orders of our responsibility from a socio-cultural perspective: in the medical field, family and our local culture, when we experience suffering, we have to change ourselves to adapt to certain socio-cultural roles and moral positions. When engaging in Taiwanese early intervention and providing their children with treatment through medical intervention, both clients and myself had to bind to each other through the medicalised responsibility of being a functional parent and therapist, so that we could use medical language for conversation in both everyday life and the medical field. Family ethics, in cultural terms, pre-framed our family positions and facilitated the ethical context of family relational responsibility. The link with God reconstructed the moral affiliation from the sick child, ourselves and family, to the contextual body of ‘God’. In therapeutic practice, the language of suffering and the understanding of lived experience were developed in a bigger horizon, the contextualisation of taking the responsibility for the ‘other’. Psychotherapy, therefore, aimed to achieve a mutual understanding of our ethical actions in various moral settings, and did not focus on the pathological change.

The fifth chapter In Dao-De-Jing may be a good synthesis of these three ‘Others’ which represents our ‘unkind society’ developed in the psychotherapeutic dialogue, where, like Levinas’s illustration of ‘useless suffering’ and ‘evil’ (1988), a Chinese philosopher Lao-Tzi (1000BC) used ‘benevolent’ to talk about the people’s

attachment to God, society or 'heaven and earth', and used the metaphor of 'bellows' to illustrate one's practice of his or her moral position.

> Heaven and earth do not act from (the impulse of) any wish to be benevolent; they deal with all things as treating straw dogs. The sages do not act from (any wish to be) benevolent; they deal with the people as treating the straw dogs as well.
>
> May not the space between heaven and earth be compared to a bellows? It is emptied, yet it loses not its power. When it is moved again, it sends forth air the more. Much speech to swift exhaustion lead we see. Your inner being guard, and keep it countered.
>
> (Dao De Jing, Chapter 5, Lao Tzu, 100BC)[31]

Psychotherapy reconstructed the ethical order in our therapeutic practice and enabled us to reflect upon the everyday practice of our moral position (Kleinman, 1999). Encountering suffering, in our psychotherapeutic relationship, was processed as an inter-subjective practice of 'moral return', in which both my clients and myself were finding ourselves a new moral affiliation in our family, culture and society. The discussion of 'moral return' will be more clearly discussed in the next chapter. However, we were finding a way to be a better father, mother and son from the understanding of the other's 'praxes' of being the father, mother and son. The next chapter will conclude this thesis with the arguments that the psychotherapy is an inter-subjective ethical practice (McLeod, 2001; Loewenthal, 2005), not only

[31]老子：天地不仁 ◦以萬物為芻狗 ◦聖人不仁 ◦以百姓為芻狗 ◦天地之間 ◦其猶橐籥乎 ◦虛而不屈 ◦動而愈出 ◦多言數窮 ◦不如守中 ◦（道德經，第五章）

because of a client's moral return from his or her self-disclosure of suffering, but also because of the therapist's moral return when witnessing clients' experience of suffering.

Chapter 8 Transaction in Psychotherapy: Moral Return and Witnessing

8.1 Introduction

Continuing the discussion of the last chapter, the exploration of the three socio-cultural embodiments of suffering commonly points to the ethical perspective of the responsibility for the other. This chapter, therefore, will articulate a synthesis discussion on the ethics which has been constructed in the language of psychotherapy. I will firstly focus on the 'discourse of disability' which made the therapeutic practice in this study a process of 'understanding suffering'. The intersubjective point of 'disability' which was co-constructed and co-experienced by my therapeutic relationship will be presented in 8.2. In 8.3, turning back to this thesis's topic about the 'transaction of suffering', I will generate an interpretive model from what I have explored about the transaction between the socio-cultural embodiments and the language processed in therapeutic practice. Finally, I will re-illustrate the development of intersubjective ethics in this psychotherapeutic process. How a therapist manifests self-other ethics and local morals in this process will be related to the method of building up the relationship between therapist and client. Responding to the postmodern argument that psychotherapy is an ethical practice, an argument in which psychotherapy offered myself as therapist a reflexive horizon of 'being witnessed' will be made. In 8.4, I will also try to engage in dialogue with the researchers who have contributed to the humanistic perspective of psychotherapeutic practice. In doing so, I aim to illustrate the contribution of this

research concerning the ethical values in the conduct of psychotherapy.

8.2 The Discourse of Disability

The narratives of suffering, in therapeutic process, are developed as the careful consideration of the lived and experiential nature of suffering (Cushman, 1990, 1993, 1995; Gantt, 2002). The nature of narratives is one's subjective life (Das, 2001) and the hermeneutic or interpretive dimension of the language of suffering (Cushman, 1995). As reviewed in Chapter Two, in therapeutic relationships, my clients and I engaged ourselves in a 'hermeneutic circle' whereas both client and therapist interpret, understand, response and reinterpret the lived experience of suffering with each other, so that the nonverbal lived experience can be transformed into 'hermeneutic horizons' and the language of understanding can be achieved by the 'fusion of horizons' (Heidegger, 1982; Gadamer, 1990). Following the last chapter's discussion about the socio-cultural embodiments of suffering, I will continue with my analysis based on hermeneutic phenomenology and discuss the discourse developed through the common understanding of suffering, and the discourse and hermeneutic circle of 'disability' that was developed through my therapeutic relationship with my clients.

In this context, Kevin and YH's 'disability' became the beginning discourse; this original narrative facilitated our therapeutic work because the therapeutic programme was set in the medical service of CMUH which included the diagnostic process of the children's 'developmental retardation' and the political setting of the 'early intervention'. The context of responsibility explored in this study was largely

regulated by the medical ethics administered in paediatric treatment in CMUH. However, in the process of therapeutic conversation, as represented, what we had been engaged in was not only the way of changing the child's disability, but also the process of showing our own 'disability' coping with the son's constant label and the overall 'unkind' environment. In the discourse of 'disability', not only the son's everyday life was transformed into a medical history of 'autistic tendency', but also our everyday life was reviewed critically as the hermeneutic understanding of our own inability. The development of different reflective and reflexive horizons, in this process, enabled us to contextualise our inability of shouldering the weight of the responsibility for the son. The development of these narratives, as it is always responding for the son's disability, constituted the 'discourse' which represents 'our disability' in the process of encountering suffering (Gee, 2001). In this part of writing, I will discuss the 'discourse of disability' and focus on its formation in the process of our therapeutic practice.

8.2.1 Objective reality: The Disabled Children

YH and Kevin's 'disability' was the first subject developed in the language used to facilitate medical communication between both clients and me. In the Taiwanese medical system, Kevin and YH were labeled as having 'developmental retardation with mild to moderate autistic tendency'. Their 'disability' began with the assigning of a medical label which had political implications that concerned medical intervention and the use of social welfare. Beyond paediatric pathology and a diagnosis with clinical developmental indexes, Tai-Ya, Hui-Yu and my responsibility

for the children was shaped by the decisions I made regarding medical treatment, social welfare and educational reference. My psychotherapeutic practice in CMUH was conditioned by the mutual acknowledgement of the children's illness with its medical and political contexts. As a practitioner in Taiwan, I had to accept the objective reality that these children were clinically delayed and thus needed 'help' and 'progression', so that therapeutic trust could be developed in our relationship.

In the Taiwanese medical and political setting, the relationship between myself and clients could be very close but fragile, because the therapeutic 'results' decide the clinical progression of the child and determine whether the medical label of the child could be replaced by a less harmful one before the child is six years old. The final psychological assessment before a child's age of six would decide whether he or she is permanently 'disabled' or 'retarded' which is used in Taiwanese common medical description. These therapeutic politics naturally caused my relationship with clients to have long-term tension before the age of six, because, in YH's case for example, my assessment enabled a child's disability to be treated by medical service and social policy on the one hand but on the other hand my service could not ensure that the stigmatisation of a child's permanent 'retardation' faded away. Disability could dictate stigma, hope, pressure and ambition in clients' cooperation in a relationship within medical professions. Nonetheless, there was no other way but to accept the dominance of medicalisation (Kleinman, 1997).

The discourse of a child's disability, therefore, was developed as part of the history of coping with Taiwanese medical politics. Although, in our therapeutic relationship, we needed to design task-oriented plays for the children in therapeutic sessions

and at home in order to evaluate the child's progression, we needed to bind our good relationship with other medical professionals so that the multi-disciplinary work between paediatric, rehabilitation and special education could help facilitate or accelerate the possible change. To enable the use of other services with social workers for governmental social care, Tai-Ya and Hui-Yu had to apply for the proof of disability, which is a stamp of 'retardation' on the son's ID card. For the two families, this long process was undoubtedly uncomfortable and unsafe. For the disabled child, they have to extend not only the medical knowledge but also the political actions from the unknown and with compressed anxiety and stress. This process of coping with politics constituted the different facets of each son's disability.

The illness was also cultural and social (Kleinman, 2000; Frank, 2006), as our practice developed the understanding of a disabled 'son' in a society with a patriarchal moral structure. For example, Hui-Yu developed the context of 'obedience to the son' to cope with the family stress in which YH is the only son in her family. Tai-Ya's discourse of feeling 'unfilial' was also because he could not 'give his father a healthy grandson' (S1). Strictly speaking, what this research has contributed concerns 'the discourse of disability' relative to a 'son's' developmental retardation, not a 'daughter's', because in the moral structure of Taiwanese society a daughter with lifelong disease could be treated with different family dynamics. For a 'son', a parent has a strong ambition to break medical stigmatisation and thus maintain a cooperative relationship with the medical profession. However, very often a greater ambition causes a bigger loss. When the label of a son's lifelong disability fails to be removed, the indelible stigma, with its contexts of family ethics,

could be transformed as a lifelong loss.

Accordingly, although the label of a son's disability in this study was started from the 'medicalisation' of children's development, in the work with the parents, we also coped with the child's 'disability' with our social politics and local morals. In the dialogue developed in counselling sessions, the child's illness, responding to an anthropological perspective, was not only pathological but also political and sociological. Nonetheless, the discourse of a son's disability is tightly connected with the parent's loss and failures. In the other side of responsibility for the son, the parent's work and his/her abilities were also medicalised within the political and socio-cultural contexts. I will articulate the discussion of this 'other side' of each child's disability, and argue that the parents' own 'discourse of disability' was also shaped through the process of psychotherapy.

8.2.2 The Disabled Parent

Medicalisation, as discussed in the previous chapters, is the process by which, in order to deal with the son's autistic tendency, medical professions, social policies and local culture compulsively change the context of parents' everyday life and responsibility; they have to passively accept the embodiment of the values and weight of the 'new' responsibility assigned to them by external bodies. This 'passivity' requires the parents to learn the new language of the medicalised and remoralised responsibility. To prove themselves as a 'responsible' father or mother, they have to use this language to communicate with medical professions. They lose the freedom to use everyday language in the medical field, and have to translate

the languages between home and hospital, without other choice.

In this study, for instance, Tai-Ya and Hui-Yu had to re-identify their son's everyday behaviours as the autistic typical symptoms so that they could report them to therapists and cooperate with them in order to improve their son's abilities. With responsibility involving embodied medical values, they attended the parenting group of 'self-growth', repeatedly brought the child back to doctors 'on time', and evaluated the child's progression from medical professionals' feedback. To fit the medical moral system, they were passively accustomed to the medical conversation and had to re-construct the parent-son ethics with their original embodied socio-cultural and political values. However, this was never an easy process for my clients. Compared with the work of facilitating a child's language development, to deal with the son's disability, parents were positioned in the similar status of disability. They had to identify themselves as having no knowledge, lacking the ability to work with medical professionals, which they had to 'learn' in the medical field from the very beginning. This difficulty, in therapy, was developed as the moral horizon of a parent's 'disability', which served as the history of losing their ordinary life and accepting medical dominance.

In Tai-Ya's case, the 'discourse of disability' was his moral crisis of being unable to be a good father, which was with the context of resistance, shame and regret. The developing context of his self-disclosure about Kevin became the history in which he had to use to get through this moral crisis evaluated by our medical system and cultural tradition. For instance, since he arranged Kevin's removal from family for two years which was done against medical advice, he was blamed by the medical

profession and was regarded as the reason for Kevin's further 'retardation'. He referred to himself as a 'failed father (S1)' and criticised himself with the medical context as the 'dysfunctional father (S1, S2)'. When he talked about the event when he witnessed Kevin being physically punished by a school teacher but did nothing, he condemned himself as 'the father who cannot protect his son from the teacher's maltreatments (S4)', although he had to deal with the reality and fear that the school was the only place which could handle Kevin. Since Kevin had developed as a boy who could not speak like ordinary people in his life, the medical reality had obstructed his communication with his son through the medical causality of 'autistic tendency'. For him, Kevin's 'disability' not only created a 'son's' limitations with using medical and educational resources, but also created the 'father's' loss of fitting himself in a proper moral position which had been revalued by the medical and educational reality. Like the example of Kevin's school event, because of the reality, Tai-Ya had to keep silent even in front of Kevin. The medical contexts of 'disability' became the moral barrier between a father and son, and became a father's 'disability' with taking the responsibility for the son, which had already been pre-valued by Taiwanese socio-cultural and political reality.

As the mother, Hui-Yu's narratives showed the different contexts in her stories of coping with a son's autistic tendency. Compared to Tai-Ya's beginning attitude against Kevin's diagnosis, she chose to obey the medical power and accepted its dominance over their mother-son everyday interactions. In the narratives developed by YH's three year intervention and her counselling work with me, we co-experienced her failures and success in the process of helping YH progress. Actually, as explored in Chapter Seven, Hui-Yu and I had a 'successful' history

regarding the medical context of cooperation because her endeavours for YH's interventions were proven by his re-identification as a gifted child. In this history, however, although we co-created a successful example of 'early intervention' and Hui-Yu was honored as the model of a mother with a disabled child, beyond her endeavours, she lost her 'ordinary life '(S1) by making the medical values about her relationship with YH prior to anything and anyone in her life. In the virtue of 'obedience to the son (S3)', she sacrificed her relationship with her daughter. As she sighed, 'I can understand my autistic son, but cannot understand my normal teenager daughter (s5)'. Her choice for the son became the disappointment of her daughter. Although she acknowledged that the decision was inevitable, she had not yet developed a way to amend the regret she felt regarding Ling. When relating to YH, she had a successful history with the son; when she related to Ling, she labelled herself as a dysfunctional and useless mother.

For Hui-Yu, after YH was recognised as a gifted child in 2005, the 'success' involved the difficult exchange of taking the 'ordinary' back, as the six-year-old YH could now enter a mainstream school and study with ordinary children. However, the label of autistic tendency could not be taken off and was always the shadow beyond the 'ordinary'. YH was clever, could be taught and managed, but was still different from normal. He could get the best academic performance in the class but needed a careful teacher in school to help him maintain good social relationships. Beyond that, the 'ordinary' was Hui-Yu's everyday three-hour push on YH's learning after school and hundreds of hours of social training at home. Between 2005 and 2008, Hui-Yu often felt as if she was 'getting lost (S2, S6)' because the ordinary was so difficult to keep. Compared with other normal children, she had to try so hard to

‘make YH no different from others (S8)’. Therefore, ‘any trouble from YH can beat me up and make my efforts go to the very beginning (S2)’, as Hui-Yu said. In her discourse of disability, success was fragile and she was never good enough to be the mother. Being the mother was difficult because challenges never ended and she would be always proven as a failed mother. YH’s self-injury in 2008 was the self-proven example that she will never know when she ‘will lose everything again and crawl up from the beginning (S7)’.

Staying in the difficult position as the father and mother, both Hui-Yu and Tai-Ya made the confession of their inability of taking responsibility for the sick son in our therapeutic practice. Suffering, in this sense, was the reflection on the process of taking the values and weight judged by our culture, society and medical politics. In their discourse of disability, suffering was their moral crisis, in which the moral weight of being a parent could be too heavy to take. The ‘discourse of disability’, as a parent’s suffering, was not only socio-cultural and political, but moral.

8.2.3 The Disabled Therapist

As a therapist, I developed my own ‘discourse of disability’ in response to my clients’ narrations. As a clinical profession in paediatric psychology, my responsibility was facilitating a child’s progression and clinical changes through my therapeutic practice. The work was based upon the working ethics in which the child’s ‘retardation’ has to be doublely acknowledged by both parents and myself, so that I could position myself in the work between a disabled child and his or her family.

However, psychotherapy or psychological intervention was not always a successful process, and I usually exposed myself in the 'manipulated' failures experienced in front of clients. Take Tai-Ya and Hui-Yu for example, as presented earlier, my preferred way of psychological intervention was to invite parents to stay with their children so that I could model a psychological task and mediate the unspeakable communication between a parent and the child. For example, I would design a cognitive task/game, model the process of play and reorient the parent's and child's responses to each other. However, in Tai-Ya's case for example, in the beginning stage, I often had 'failed trials' of interacting with Kevin. He could not play with me in the games and it was difficult for me to manage the unexpected interactions. Tai-Ya, since he sat by our side, always witnessed my failures and I, therefore, was exposed as having my own inability to properly conduct therapy. In the three years of YH's psychological intervention, I often had failed therapeutic trials in front of Hui-Yu as well.

These 'failed trials' in my work with a family, however, switched my position between my client and the son from a therapist-client relationship to more like a family membership, and offered me a reflective horizon to reframe my own family experience. In the therapeutic relationship between parent, son and myself, my inability responded to Tai-Ya and Hui-Yu's inability of being the parent. Different from the cognitive or behavior based approach of psychotherapy, the failed trails did not mean therapeutic failure; rather, in the alliance of teaching the son together, the experience of my failed operations, on the one hand, become the phenomenon of 'co-experiencing' the parent's inability and, on the other hand, facilitating deep empathy and mutual responses (Schmid, 2001). In other words, my

therapeutic failures became the articulation of the experience of 'disability'. They were as if I was telling them that in facing the child I was no different from them, a mother or father with anxiety and worry. The way in which I could not always effectively conduct a 'successful therapy' with my client was just like the way in which they could never be a '"good enough"' father or mother'. Through this therapeutic encounter, the failed trials re-presented our common difficulties that we could not always do our parenting well. The development of the term 'disability', therefore, co-responded to each other's lived experience of feeling disabled, articulated the experience of suffering and formed advising voices like Hui-Yu's saying that 'making my son progressed is so difficult that we have to learn to slow down ourselves (S6)'. Accordingly, my 'failures' enabled the discourse of disability developed as the mutual understanding shared with Tai-Ya and Hui-Yu.

Also, in therapeutic supervision, I developed an interpretive horizon towards my own life history in which I was deconstructing my medical position and relating client's contexts of suffering to my everyday life, which caused my moral crisis. For me, my therapeutic approach always positioned myself in the ethical dilemma of the conflict between a parent and the child and my own lived experiences of living 'between' my parents and my aunt with Down syndrome were usually recalled. As disclosed previously, in my family position, I wanted to change my family's attitudes towards my aunt but I could not. I was unable to make a change in my family relationship and so I had to keep silence to fit myself in my family traditions. When my therapeutic work enabled me to engage myself in a client's family as if a member, they had been de-medicalised from my clinical position but re-moralised in regard to the therapeutic relationship with our shared family ethics.

Psychotherapy with family ethics, therefore, became the practice of developing the hermeneutic understanding of my own life history along with that of my clients.

In Chapter Five, I discussed how knowing Hui-Yu's efforts with YH caused my crisis in my relationship with my own mother. Being the witness who attended to Hui-Yu and YH's history from 2001 to 2008, as a male therapist, the developing comprehension of a mother's efforts and sacrifices challenged my patriarchal understanding of my own history in which, as the son, I took my mother's efforts and sacrifices for granted. Hui-Yu's narrations about the socio-cultural meaning of the 'mother's' responsibility and the way in which Hui-Yu took responsibility reminded me of how my mother chose her attitude to live in my family with the same paternal ethical frame since she entered a family with a disabled member. As I started to know Hui-Yu better, awareness of 'taking a mother's effort for granted' shocked me. In therapeutic supervision, I began to confess that I was the 'unfilial son (TS4)' who could be accustomed to 'not' seeing my mother's sacrifice. However, being 'unfilial' meant I failed to be the son, which was a strong cultural critique of my position due to our Confucian family values. In other words, developing Hui-Yu's horizon of a disabled mother repositioned myself in the 'disability' of being a son. In this process, the encounter with Hui-Yu re-valued my understanding of the 'mother', but acknowledged myself as the 'son' who failed to comprehend the responsibility of my 'mother'.

My therapeutic approach also positioned myself in the mutual ethical conflict between father and son in Tai-Ya and Kevin's therapeutic work. As discussed, with the local family ethics of a father-son relationship, this psychological intervention

facilitated the common comprehension of Tai-Ya's discourse of disability, in which he was conflicted with his relationship with his son and father, and re-developed his ethical attachment with them. For me, on the other hand, our work connected myself with my family history where I suffered from a similar ethical situation between my father and aunt. From Tai-Ya's narration about his unspeakable arguments with his father, I experienced my own unspeakable conflict in which I had to repress my medical role and keep silent when watching my father inflict inappropriate punishment upon my aunt. Tai-Ya's stories articulated my unspeakable suffering and ethical conflict, in which my two roles as a paediatric psychologist and a son contradicted with each other in our acknowledgement of family ethics. Facing Tai-Ya's experience of suffering, therefore, I developed my own discourse of disability. In the father-son ethics, I was unable to change my family whilst I was always endeavouring to change a family like mine. The process of engaging in Tai-Ya's stories developed my discourse of 'disability', in which I lost the ability of communicating with my father and suffered from the conflict between Taiwanese family tradition and the medical values to which I also adhered.

Accordingly, in the therapeutic work, my own 'discourse of disability' was contextualised by the process of responding to my clients' discourse of disability. 'Feeling inability' was developed as an inter-subjective experience. My therapeutic operational 'failures' became an important part of our intervention and enabled myself to experience a parent's experience of 'disability' of helping the son together with them. In this developing ethical relationship with common acknowledgement of family ethics, I, like both clients, stepped away from my medical role and returned to my moral position as the '**son**' and a family member. The clients' stories

not only articulated the suffering caused by their ethical conflict, but also reframed my interpretative horizon towards my own lived experience and gave voice to my unspoken ethical conflicts. To respond to the medical reality of the son's disability, in our therapeutic relationship, we reflected upon our own experience of disability, which was the confession of our moral conflicts and where we all contextualised a return to our moral position and moral responsibility.

8.2.4 Disability of a Moral Role; The Discourse of 'Moral Return'

Hence, in this study, through developing the co-comprehension of suffering, I have tried not to build my argument based on therapeutic effectiveness; rather, I focussed on my therapeutic failed trials and discussed the experience of our own shared 'disability'. However, in recognising ourselves as assuming a disabled role in our responsibility for the other, we recognised our moral role in this relationship. This study, therefore, developed the other side of the discourse of disability, which can be argued as the discourse of '**moral return**': our subjective return to the moral position of the father, mother, and the son.

This research has represented examples of how a son's 'disability', whilst it has been diagnosed as a medical reality, could be transformed into ethical values and moral weight, and hence taking on the responsibility for him could become a process of attaching ourselves to our own moral positions. It is the discourse in which engaging in the suffering caused by looking after the sick son, we re-acknowledged our responsibility and endeavour for the son. To illustrate the values and weight of the responsibility, the parent-son ethics and family ethics were contextualised so that

our perspective of the experience of suffering could be switched from our medical responsibility for the disabled child to the moral responsibility to no one else but the ‘son’. Beyond the therapy, parallel to the ambition of facilitating the child’s progression, we had practiced ourselves back to the everyday ethics, with the context of our cultural values and local tradition.

From ‘disability’ to ‘moral return’, this study has represented that a psychotherapeutic practice could also reconstruct the moral values in language, which are socio-cultural-based and beyond its medical reality. At the beginning, our therapeutic relationship was set to be medical because the diagnoses of ‘autistic tendency’ and ‘developmental retardation’ served as the common relational sense which conditioned our therapeutic trust with each other. To cope with the medcialised everyday life, a parent’s responsibility had to be changed by my therapeutic intervention, and in this process our experience of failing our moral responsibility was exposed in front of the other: the inappropriate parenting responses, the useless action of helping the child, and the failures of my therapeutic operations. In this practice in the medical field, we co-constructed the medical ethics in which I took my responsibility as the therapist in relation to their roles as patients and clients. To take the medicalised responsibility, we developed our own discourse of disability and the ‘disability’ re-valued the way we experienced ‘suffering’ for the son with autistic tendency.

Parallel to the development of medical ethics, the morals between a son and parent were then shaped through conversation with me. In our therapeutic process, what really impressed us was our common achievement with the son’s progression, in

which we shared the responsibility as simply the mother and father, and, like Tai-Ya and Hui-Yu, I also developed a relationship with the child like his parent. When Kevin and YH were stopped at a certain developmental level, I worried, and, when the children broke the limits, I was as happy as Tai-Ya and Kevin. This development of our relationship was not relative to my medical responsibility of being a therapist but was the most important thing in my therapeutic experience with enabling myself to encounter their family dynamics. The difficult 'progression' of Kevin, on the one hand, was teaching us how to respond to the rigid life with the son; on the other hand, it was re-shaping a parent's connection with the child in the context of everyday life. Responsibility, which belongs to the primordial ethical position as the father and mother, was therefore given as a practical direction to take. With the success in therapy, I was more able to make my therapeutic intention in my interaction with Kevin and YH with Tai-Ya and Hui-Yu, and they developed the ambition of being a more capable parent. The context of 'progression' was becoming a rooting contextual loop and made us attach to our acknowledgement of 'the' responsibility for the son. To facilitate the communication between a parent and son, psychotherapeutic practice enabled us to return to the simplest role of 'the' father and mother, acknowledge the intrinsic ethical values, and simply taking responsibility for 'our' child.

In addition, the 'responsibility for the sick son' developed between clients and me, as discussed, was similar to the 'partners' of a family, in which a father and mother were together helping the sick son. This ethical context developed in our practice manifested the contextualisation of family ethics. For example, Tai-Ya and Hui-Yu brought their conversation and interaction with me back to their family and re-

organised their partnership in relation to their relationship with me. For the three of us, the 'responsibility' was given the cultural terms of understanding as the 'family ethics' which transformed the value of 'alliance' between the therapeutic room and their home. In the period of conducting this study, Tai-Ya recognised himself as having a key role in his family where he could 'empower' his wife, regarded the first long trip as being a challenge for him and his wife, and also thanked and apologised to his father. His 'moral return', was facilitated not only through his role as the 'father', but also the moral position as the 'husband' and 'son'. For Hui-Yu, she brought our therapeutic tasks to home and asked her husband to take part in training YH together in their everyday life, and she also started to think of the barrier between her and her daughter. Her discourse of 'moral return' repositioned herself as not only the mother of the sick son but also the wife and the mother of her 'normal daughter'. For me, because of them, I could also be reflexive about my family role between my father, mother and son and therefore, beyond therapy, I returned to my ethical identification as the 'son' rather than a medical professional in my own family life. Therapy, for us, became the inter-subjective acknowledgement of the moral relationship with others, in which we could return to our intrinsic moral position as the father, mother and son.

Accordingly, psychotherapy, in this process, could be regarded as the practice of ethics (Lowenthol, 2005; Gantt, 2002), because from the narration of suffering, both clients and I were put in the hermeneutic circle of re-constructing the values of our 'responsibility for the other'. 'Moral return' is an interpretative synthesis of the therapeutic experience and process of this research, because in the medical context about the son's illness and recovery, clients' and my 'responsibilities for the

others' was developed as having their moral values manifested in the horizons of the 'everydayness' of suffering. In face-to-face encounters between myself and clients, the moral ethics of our responsibility become the core issue to acknowledge our lived experience of suffering, rather than our political settlement in medical realities. Accordingly, from this ethical horizon, I would now like to further discuss the 'encounter' between myself and clients, which I labelled the 'transaction of suffering' between myself and clients.

8.3 The Hermeneutic Interpretive Model of Suffering Transaction

From 'disability' to 'moral return', psychotherapy in this study was given an inter-subjective space in the hermeneutic circle of the lived experience of suffering. In having mutual responsibility for each other, between therapist and client, the lived experience of suffering was transformed into language, and, through understanding and responding, the experience could be experienced by the other (Frank, 2001). Narratives developed by therapeutic interactions, in this dialogic nature became the history in which one is recognising the lived experience of suffering and defining the values of the responsibility. Psychotherapeutic practice starts with the responsibility between therapist and client, and extends the symbolic meaning of the relational responsibility to the linguistic world. From unspoken lived experience to the language for the other, and then to comprehension to verbal responding, 'suffering' and 'responsibility' have been explored as having socio-cultural values and moral weight which were also formed, given, accepted and contained between therapist and the client, and transformed between living experience and language. This part

of writing, from Wittgenstein‘s linguistic approach and Heidegger and Gadamer’s perception of the hermeneutic circle, will focus on the margin between suffering and responsibility, which has been conceptualised in this study as the ‘transaction of suffering’.

Accordingly, from the construction of ‘disability’, I will further illustrate how the meaning of suffering was manifested in the dialogue between clients and me. In 9.3.1, a phenomenological model of this process will be generated but it should be emphasised that this model is not a conclusion for suffering transaction but, rather, it is meant to be used to explain the circulating process of a therapeutic relationship, in which responsibility could be transformed from the experience of inability and developed into everyday actions. Language, in this context, is a medium that facilitates the hermeneutic circle of suffering. From the discussion in previous chapters, we developed the socio-cultural horizons of interpreting our experience and therefore ‘suffering’ could be understood between people through its transformation from lived experience to language. In 9.3.2, the intrapersonal and interpersonal levels of understanding will be discussed. In 9.3.3, from the perspective of moral return, we can really discuss the ‘transaction’ of the values and weight exchanged through the responsibility for the other.

8.3.1 An Interpretative Model: The Transformation of ‘Disability’

The Figure 8.1, which appears below, shows the interpretative model of the discourse of disability. From the initial contact of psychotherapy, my clients and I were positioned in the mutual responsibility between a therapist and client and

developed our mutual responsibility with and for each other. Due to the therapeutic responsibility based on medical ethics, client's lived experience was narrated and responded to by me. 'Understanding' became the procedure of developing the hermeneutic context of 'disability'. **Intra-personally**, both clients and I were engaged in a narrator's position which transformed our own lived experience into the communicable language. The narratives, which contained the ethical order of the responsibility for the son, transformed their unspoken or unspeakable experience of suffering into language. Also, **interpersonally**, between us, on the one hand, one's verbal responses articulated the other's lived experience; on the other hand, the relationship with the specific and symbolic 'Others', as discussed as being part of the son and family Taiwanese tradition, was concluded in our conversations. In this process, from Lacan's point of view (Flyer, 2004), our subjective reflection on our own social positions caused the experience of 'suffering' to be co-acknowledged with its 'symbolic orders'. In Levinas's context, we encountered and witnessed suffering, and turned ourselves back from the primordial responsibility to its very beginning face-to-face in our everyday life. To take this responsibility, suffering has its contextualised values, and enabled us to return to our moral position in our ethical system, as illustrated in the last section about 'moral return'. The therapeutic process was therefore presented as the continuous recognition and identification of self-other ethics.

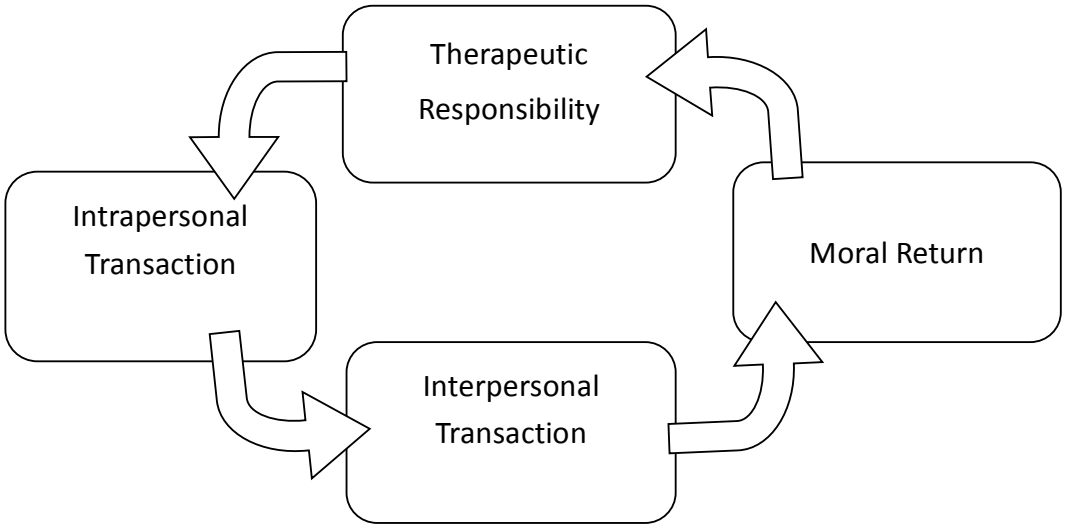

Figure 8.1 The interpretive model of the discourse of disability

From this interpretative model, the term 'transaction' was endowed with two levels of hermeneutic meaning. The first level is intrapersonal transaction, which incorporates Heidegger's and Wittgenstein's term concerning the transformation between language and embodiments when one is facing an-other. The values of ethics and the weight of responsibility could be given in language and transacted between non-verbal and verbal. The second is interpersonal transaction, in which, from Levinas's phenomenology, suffering is given its meaning through taking responsibility for the other, and its values and weight could be transacted between one and the other. In this research, suffering has been explored as having its socio-cultural contexts of moral values which are embodied by our society, politics and culture. Psychotherapy has been also explored as the process through which suffering has its values and weight received, held, contained and passed between client and therapist.

8.3.2 Transaction between Language and Lived experience

Between lived experience and language, the term ‘suffering’ has been explored from an anthropological point of view that Taiwanese medical politics, social structure and cultural tradition embodied the values in our everyday actions and the use of their language. The hermeneutic horizons presented in the last chapters have also showed the history of how our culture and society set the moral frame in which we acted and interpreted our responsibility for the ‘son’ with permanent disability. To make one’s experience of suffering understood by the other in our psychotherapeutic practice, the moral values embodied by our society and culture were revealed through speaking and being conceived by understanding.

Hui-Yu’s example was the story which transacted the cultural patriarchal family ethics with a middle-class mother’s responsibility for her son. In the Taiwanese Confucian family ethics system, her story presented how she learned the ‘Women Ethics’ from her mother and wanted to teach the ethical values to her daughter. In the history of suffering for YH, to keep the family which is valued by the male, she had to repress her emotions and took on her husband’s business when he was disloyal and away from the family. When YH was diagnosed as having a lifelong disability, she used the whole family as a resource to help the son. To manifest the Woman Ethics of ‘obedience to father, husband and son’, she kept a woman’s family virtue but ‘sacrificed’ her intimacy with her daughter. Her sigh of ‘I could understand my autistic son but could not communicate with my normal daughter (S6)’ presented her loss and moral conflict because of her choice of the son.

In her subjectivity of YH’s ‘sacrifice’, Hui-Yu transformed his son’s autistic tendency

to our folk cultural context of transmigrational suffering, in which YH's disability was regarded as the sacrifice to God for saving the whole family. The 'disability' was given the local-cultural but subjective values transacted between her unspeakable experience and the language spoken in counselling. When she reviewed our therapeutic practice in our final session, with our cultural context of 'suffering', she used the metaphor '回甘 Hui-Gang (s8)' to illustrate the process of bringing up her son in which the light sweetness could re-exemplify a bitter sip of good tea. Socio-cultural embodiments of our everyday life, through language, could be developed as having the moral values and responsibility weight in the interpretation of suffering. Hui-Yu's narrations showed clear examples of intrapersonal transactions between socio-cultural embodiments and the language for an-other.

With a similar process, Tai-Ya's stories also formed our cultural 'family ethics' in which the ethical values between father and son as well as between husband and wife were re-defined in the process of speaking the 'suffering'. Through insight and attribution to God, Tai-Ya developed spiritual confirmation of the affiliation between God, himself, his family and Kevin. The responsibility for Kevin was then given religious meaning as his lifelong task for God. The experience of suffering for the son, from embodiments to language, transacted the ethical values to our therapeutic conversation.

For me, as presented in my therapeutic supervision, my implicit conflicts with my parents contained my subjective rationality of 'family ethics', which also constituted my therapeutic intention and verbal responses to my clients. I formed the perspective of ethical compensation in which 'being a good therapist could help a

family like mine'. Not only my clients but also myself had reconstructed a moral structure with the mutual acknowledgement to 'fit' ourselves and the others in this system with moral values. The process of therapy was developed as a history of transacting the common knowing of our socio-cultural embodiments to the language of mutual therapeutic responses.

Beyond the medical reality of our mutual responsibility for each other, the lived experience of suffering was developed as having its own ethical order in which we used language to convince the other that taking family responsibility was difficult. Being a good father and mother is difficult; simultaneously, being a son is difficult, too. In our 'discourse of disability', language had its moral order as the confession, in which none of us in therapy could be 'good' in our relationship with the son. In order to speak with one another, we gave our experience of suffering the meaning of ethical values from our embodied experience. To understand, we contained and held the values and weight of our responsibility in our bodies. The process of speaking and understanding is also the process of giving and receiving, in which the moral values set behind our responsibility as the father, mother and son could be manifested. Intra-personally, therapeutic practice revalues the ethics of suffering by endowing it the transactional values and weight. Facing the other, suffering therefore could be transacted between body and language.

8.3.3 Interpersonal Transaction: Understanding the Other's Suffering as Holding and Containing

In the face of the other, 'from the start, the encounter with the Other is my

responsibility for him (or her)' (Levinas, 1987, p. 103). In terms of therapeutic relationship, I extend Levinas's arguments of the 'responsibility-for-the-other' in this research where my clients and myself are calling and called by the responsibility for each other in the very beginning of our encounter, and manifest the ethical values through the transaction of suffering, in which one's subjective ethical order of suffering could be acknowledged by the other. Suffering, therefore, is interpersonal and can be focussed on how the moral contexts of suffering could be developed. The 'discourse of disability' is an example that my clients and myself were engaged in each other's inability by sharing the common moral values from our society and bearing the weight of responsibilities together. This section intends to discuss how or the ways in which language itself conserves the values of suffering and transacts suffering interpersonally.

Veena Das (1996) used Wittgenstein's context of 'your pain is in my body' to illustrate the transaction between pain and body. Her perspective of 'pain' endows this research of suffering an interpersonal perspective of transaction, in which 'your history of suffering is in my lived experience' so that one's language could articulate the other's experience of suffering. Psychotherapy is a practice of making the other understand and understanding the other. Between therapist and client, when one's lived experience is contextualised into history with the other, the values and weight of suffering is also chosen to 'answer' the call from the other (Levinas, 1979, 1988; Naef, 2006). To respond and develop the history, the other has to acknowledge the value and contain the weight of suffering from the conversation. Interpersonally, through language, 'suffering' is interacted and transacted between therapist and client, and its ethics can be co-acknowledged.

Blackwell (1997) used a psychodynamic perspective to see the inter-subjectivity of communication. He used Winnicott's concept of 'holding' and Bion's 'containing' to illustrate a mother's subtle adjustment to her baby's body responses as well as the mutual influences between therapist and clients. To face the other, my clients and I had to hold and contain 'suffering', which always comes along with the moral and cultural contexts embodied in our everyday life, to achieve the common understanding and acknowledgement. In this process of interaction, we enabled the language from the other to embody their subjective ethical orders of things with/in our own lived experience. For example, we had to understand how the other has been sacrificed and feel how the 'heavy' shouldering of a lifelong responsibility could be; then, we responded for the other with our own ethical order of things. Face to face, following Levinas's context (1979), suffering is also transacted inescapably: we received, held, contained and returned the 'suffering' back and forth in our therapeutic conversation.

For this research, to encounter the 'suffering' from a mother, father and son, the psychotherapeutic practice in this study transacted the cultural values of 'family ethics' through our mutual responding. In Hui-Yu's case, we together acknowledged the virtue of the 'mother' in Taiwanese culture and society, because the years of witnessing enabled me to understand the difficulty of her achievement. Also, from this understanding, I had to hold and bear the patriarchal context of a mother's suffering which challenged my taken-for-granted understanding of my mother. The challenge became my moral condemnation as an 'infilial son' and enabled myself to change my relationship with my mother. In this 'transactional inter-subjectivity', we exchanged the mother's 'difficulty' in our families and re-defined our moral

responsibility for others. In Tai-Ya's therapy, his narrations about our 'unkind society' gave strong voice to my anger that our society was unkind to my family as well. My lived experience, due to the common background, enabled me to hold the anger together with Tai-Ya and responded to his helplessness. His unspeakable conflict with his father and the break-through of that conflict articulated and re-examined my unspeakable relationship with my own father. Our cultural values of the ethics between father and son, through 'transaction', were recognised and identified so that we could re-settle ourselves in the ethical affiliation between father and son. The narratives of both clients and my 'suffering', when the lived experience was transformed as the language for the other, were developed by our therapeutic practice and also articulated and responded for the other's 'suffering'. Using Schmid's (2001) reflection on Buber and Levinas, in the therapeutic process, suffering is transacted and acknowledged by the state of 'encounter', in which one becomes the presence to the Other. In the face-to-face encounter, by means of Das's (1996) context of transaction of pain, the Other's suffering is in my history.

8.3.4 Moral Return: The Acknowledgement of Moral values

In the discussion of the 'presence' of psychotherapy, Peter Schmid (2001) used the terms '**co**-experiencing' and '**co**-responding' to illustrate the inter-subjectivity of an 'encounter' acted between therapist and client. He cited Rogers's (1967) context where therapeutic comprehension is 'from percept-ion to ac-cept-ance' and 'from knowledge to ac-knowledge-ment' (Schmid, 2001, p. 76). Through a therapeutic encounter, narratives contextualise suffering, which is then **co**-accepted from

conversation and **co**-acknowledged from the mutual understanding. In therapeutic inter-subjectivity, one is called to respond by his response-ability to respond (Schmid, 2001). This research showed the intersubjective process of 'co-experiencing', 'co-responding' and 'co-acknowledging', which has been explored as the process of 'moral turn': the process of constructing the ethical order between self and other.

As discussed, local moral structures between self and others could be manifested in the process of psychotherapy (Kleinman, 1986). During the counselling practice, both client and I started to reflect that we returned to the family position as the father, mother and son because of our awareness of our mutual responsibilities. Therapeutic conversation, rather than its medical rationality of the son's illness, reconstructs ethical meaning of suffering as it constituted the history in which we could fit ourselves in the our common acknowledgement of our culture and morality. In therapy, the son's lifelong medical label was represented as our 'conflicts' with not only the sick son, but also the family, politics, culture and God. Psychotherapy, in this study, developed and practiced the relational responsibility for different symbolic Others, as discussed in the last chapter. In our relationship with God, society, politics and son, the ethical structure and moral affiliation of our responsibility for the 'Other' was acknowledged and the values of suffering could be confirmed with its ethical orders.

Accordingly, the 'acknowledgement' itself is ethical, which represents our moral return to the presence of therapy (Schmid, 2001). Here, with our cultural context of '人倫 (jen-lun): ethics', I want to further discuss the 'acknowledgement' developed

in psychotherapeutic process. According to the Oxford Dictionary (2008), acknowledgement means the 'Acceptance of the truth or existence of something'. In this study, Tai-Ya, Hui-Yu and I acknowledged suffering through encountering each other's lived experience and contextualising the history of taking the responsibility for their son. The 'suffering' was acknowledged with the values and weight we held, contained and transacted with each other in this dialogical process. However, 'acknowledgements' have the meaning of 'the expression of gratitude or appreciation for something'. Through the other in therapy, we acknowledged not only the history of how we suffered, but also the history of how the other's responses articulated the experience of suffering so as to be heard. Since in suffering we returned ourselves back to the moral affiliation with others, the responsibility for the other, when it is acknowledged as 'primordial', can be grateful as well. As Tai-Ya's release form the awareness of the lifelong responsibility for God and Hui-Yu's metaphor of 'Hui-Gang', the acknowledgement of suffering has the other side of its ontology: the thanks to the other.

8.4 Beyond Therapy: Co-Suffering, Bearing Witness and Being Witnesseed

In his argument that therapy is a 'co-experience' between therapist and client, Schmid (2001) contributed to Buber's philosophy of the 'I-Thou encounter' in humanistic psychotherapy as the constitution of manifesting the ethics of 'We', in which in the therapeutic 'presence', client and therapist worked together as the 'we' who co-create the therapeutic relationship (p. 75, p. 81) . To acknowledge the encounter, both therapist and client co-experience the lived experience of each

other and co-respond for each other (Schmid, 2001, p. 78). In this study, I would like to address the therapeutic inter-subjectivity, or Schmid's discussion of 'co-experiencing' and 'co-responding' as an interpretative label. I will address this term with more socio-cultural contexts explored in this study: the 'Co-Suffering', in which clients and myself were together engaged in the experience of suffering and manifesting the ethical values of the responsibilities for the 'other'.

In terms of co-experiencing the context of suffering, 'co-suffering' can mean the same concept with Buddhist's perspective of '集(Ji) Collection' as mentioned in Chapter Two, in which understanding of other's lived experience of suffering collects and experiences the 'suffering' with the other. This study shows a process that, thorough the dialogic process of therapy, my clients and I together experienced moral crises and relational conflicts in which 'a father failed to be a good father, a mother failed to be a good mother, and the son failed to be the son'. In these subjective reflections, the 'discourse of disability' was constructed by the therapeutic 'co-suffering'. We learned from the other that we could not bear the weight of our moral responsibility; we experienced the 'disability' together and acknowledged our shared sociocultural values of suffering.

From the perspective of 'co-suffering', this research tries to enrich the psychotherapeutic practice as the practice of ethics for the other (Loewenthal, 2005), in which suffering in this research has been explored as transactional between therapist and client. Facing other's experience of suffering; the conversation in therapeutic process itself became the 'testimony' for not only the clients but also the therapist. As argued before, in therapy we have to hold and

contain the ‘suffering’ which we receive from the other and pass to him. In the dialogues including client’s narrations and therapist’s reflections, ‘suffering’ has moral order in terms of our common cultural and local ethical background. To engage in having a response for the other, we embodied the embodiments of moral order from other’s response for us. The narratives from us reconstructed the shared moral values and weight of one’s responsibility, and in therapeutic ethics no one in it can escape. Perceiving other’s language, we have to bear the ‘unbearable lightness of being’, as the title of Milan Kundera’s novel (2000), and bear the witnessing of the other’s suffering.

Psychotherapy testifies suffering (Laub, 1995; Gantt, 2000; Oliver, 2001, 2004). From this ethical point of view, I want to further argue that, in the process of holding and containing the other’s experience of suffering, the ‘witnessing’ in psychotherapy is an intersubjective context between therapist and client as well. Not only is the client witnessed by the process of psychotherapeutic encounter, but also the therapist is offered the ethical responsibility of ‘being witnessed’. This research has represented that my suffering is in my therapeutic intention, because my implicit moral conflict in family was articulated by clients’ narrations as I was called to respond to and for them. This study showed the intersubjectivity that, when I bear the witnessing of client’s suffering, I was engaged in the inevitable openness to our own experience of suffering. Clients were at the same time taking and witnessing my suffering as well.

Accordingly, this research forms an argument about therapeutic ethics that, in the context of ‘suffering’, a psychotherapist is witnessed by the client. In the explicit

level, when a client's history is constituted and understood commonly by only him/herself and the therapist, the psychotherapist becomes the only witness for the client; vice versa, in the implicit level, when the therapist's lived experience is historically developed in his or her reflections on client, she or he becomes the unique witness for the client. In this part of discussion, I would like to extend my argument against the traditional perspective on a therapist's 'witness' position, in which the therapist is an 'expert witness' (Oliver, 2001). Rather, here, from how I was witnessing and witnessed by my clients, I argue that 'witnessing' and 'being witnessed' is the two-fold ethical practice of psychotherapy. Engaging in the other's suffering is offered the primordial morals as the 'I-Thou encountership' that 'suffering' is co-experiencing, co-responding and co-acknowledging by the 'us' (Schmid 2001). The therapist's power, in this context, together with his or her experience of suffering, was shared with his and her clients. The 'co-suffering', in therapy, is also the process of witnessing and being witnessed by the others.

8.4.1 Being Witnessed by Clients

Accordingly, this study presents an argument that the therapist is witnessed by his or clients in the process of psychotherapy. In my therapeutic supervision, my implicit moral conflicts were formed as two ethical horizons. The first is the reconnection between myself and my father in which Tai-Ya's moral conflicts with his father and son articulated my unspeakable conflicts with my father. The second was the re-contextualisation of my relationship with my mother because witnessing Hui-Yu's silent sacrifice for her family enabled myself to develop the context of my

mother's sacrifice for my family. To face Tai-Ya and Hui-Yu, I too engaged in the enlarging anxiety of my un-explored and unspoken experience of suffering. While my responsibility as a therapist, in my person-centred training background, was to facilitate client's authenticity in their relationship with others, their narration at the same time caused myself to be authentic in the relationship with not only them but also my important others. My therapeutic response to their 'moral conflict' at the same time exposed the context of my moral conflict with them. Two examples of our dialogue about Tai-Ya's unspeakable conflict with his father from his third session and my reflection on Hui-Yu's insistence in her fourth session could show how 'witnessing the other' could be intersubjective in our relationship.

> **I:** 'Ya….for you, it's kind of the feeling that you don't know where you could put yourself in your family. On the one hand, you hope your father can see your independence of keeping your own family; however…, on the other hand, you hope your father can really help you look after your son. These feelings….you had to hold them in your mind and keep silent. They really makes you uncomfortable….'(S3)

> **Tai-Ya:** 'Yes! I just could not say these feelings to my father. I even doubt myself why I was like a child begging for my father's help… Yes, just like what you have said, I had to keep my feelings silent. They were as if the bricks staked into a big wall set between my father and myself….'(S3)

My response for Tai-Ya was also responding to myself that the unspeakable conflict was contradictory and uncomfortable. For me, that was the feeling that I hoped my father could understand but I could not make it. Then, Tai-Ya created metaphorical

‘bricks and wall’ also contextualised our shared unapproachable distance with our fathers.

In Hui-Yu’s example,

> **I:** ‘As the mother, you had to take EVERYTHING on your shoulder. These things are so heavy, but, even though no one could really see or feel them, you still had to insist by what you have told and believed.’
>
> **Hui-Yu:** ‘Yes, Yes, Yes, as you said, ” No one could help your son if you feel you cannot .“ I had no other way out but only to insist my responsibility for YH, because I am his mother.’

The words I used for reflecting on Hui-Yu’s insistence was from my new reflection about my mother’s insistence in which she had to shoulder the responsibility of being the ‘wife of the eldest son’ and had to quietly keep the family when my father was away in Congo, Africa. However, Hui-Yu’s reflection, by means of my words from our first encounter that ‘No one could help your son if you feel you cannot’, showed me that my mother was like her and just takes ‘the’ mother’s family responsibility. Her use of my own words subtly revealed to me the weight that my mother also chose to shoulder, which then reconnected myself to knowing my own mother.

‘Suffering transaction’, which has been discovered in this research, is a process of articulating the experience of suffering through the formation of psychotherapeutic relationship and responsibility. As therapists, we actually not only ask our clients to tell their stories to us, but also ask ourselves to be engaged in the self-other ethics within their stories. Carl Roger’s ‘Authenticity’ (Schmid, 2001), here, argues that

therapy in the face-to-face encounter offered the therapist a reflexive horizon to reflect on his or her own ethical responsibilities within his or her local moral systems. As the audience of client's narrative disclosure, therapeutic practice itself offers a therapist a moral position to witness client's experience of suffering (White, 1999, 2000). However, this study further argues that, in order to respond to a client's narration, therapy itself also embeds the therapist in a reflexive horizon to re-interpret his experience with his or her clients. This study has provided an example that, while my life history enabled me to deeply 'encounter' a family like mine, in these deep encounters, clients voiced my unspoken and unspeakable suffering. To acknowledge 'our' suffering, I also perceived the witnessed therapist I assumed with gratefulness.

8.4.2 A Therapist's Position of Bearing Witness and Being Witnessed

Therefore, from the point of 'witnessing and being witnessed', a further discussion about the therapist moral position can be presented. I argue here that psychotherapy offered the ethical openness to 'being witnessed'. A therapist 'bears the witness' when he is exposed to and witnesses a client's experience of suffering (Laub, 1995; Blackwell, 1997; Olive, 2004). To face other's suffering, if therapy is focussed on the level of Techne (Flybjerg, 2002), a therapist's 'witness' is positioned as an expert's company and a psychotherapeutic practice is narrowed as the techniques of facilitating a client's narrations of suffering. However, as argued and explored since Chapter Two, a therapist should not regard himself as an expert engaging in the process of witnessing but, to acknowledge the encounter, is bound

to the reflexivity of the experience of 'witnessing': how he could be witnessed by encountering suffering and bearing the witness. As Lin (2001) reflected on Levinas, facing an-other's suffering, we have articulated the 'suffering' together for the other. In the therapeutic encounter, the moral position of 'witnessing the other' and 'bearing the witness for the other' has been set in its 'initial contact' (Buber, 1937; Levinas, 1976;Schmid, 2001). At very beginning, a therapist's suffering of 'bearing the witness' has already been witnessed by clients in the face-to-face encounter. Beyond therapy, a therapist can never avoid the openness of his implicit context of suffering, but is always choosing his authenticity when 'being witnessed' by his or her clients.

This research articulated a critical perspective on a psychotherapist's reflexive ethics in the position of 'being witnessed', which has been reported by very limited researched (Laub, 1995). I argue that psychotherapy develops the inter-subjectivity of 'co-suffering', in which 'suffering' is given its meaning by the common socio-cultural framework and moral contexts. In this inter-subjectivity, the dialogue of therapy constructs the ethical order of suffering and enables the mutuality of witness and bearing witness. This research argues that, to encounter suffering, a therapist is also offered the primordial responsibility to reflect upon his experience of suffering, which enables his client bearing and witnessing the implicit suffering.

8.5 Summary

In Chapters Five and Six, I have represented the intertwined history of suffering between my clients and myself. From the representation of the narratives, in

Chapter Seven, I explored the hermeneutic horizons in our historical review of suffering and discussed the embodiment of suffering from our medical politics, society and culture. The formation of these horizons oriented my synthesis discussion on the ethical reality of suffering, in which we acknowledged the moral structure of our relationship with others and returned to our moral position through the language interaction. Suffering, therefore, in this chapter, has been illustrated as the history in which we develop responsibility for others.

From the analysis of the discourse of 'disability', I firstly explored how the context of 'disability' could position my clients and myself in our shared socio-cultural values. I discussed how we transacted the values and weight of our responsibility with the other, and constructed our own discourse of 'disability' differently from the medical reality of the children's 'disability'. In the process of developing the discourse, both clients and I redefined our responsibility with our co-acknowledged moral values. In developing the mutual language, we returned to our moral positions in our shared socio-cultural orders. The first conclusion of this study echoed an anthropological perspective of 'social suffering' (Kleinman, 1991, 1997; Frank, 1995, 2001; Das, 1997; Wilkinson, 2005) that psychotherapy is not only medical but also moral and ethical, which re-connects one's responsibility for the other and facilitates the practice of local ethics and a moral return.

The discussion in Chapter Seven can be extended to showing how the contexts of the socio-cultural embodiments had reframed our ethical understanding and pre-understanding of suffering. Using the perspective of hermeneutic phenomenology, we engaged ourselves in the hermeneutic cycle to manifest our responsibility for

the other. Through the presentation of interpretational model, I re-defined ‘suffering’ as having its transactional level between intrapersonal and interpersonal, in which embodied values of suffering are transacted between lived experience and language and between self and others. To illustrate the second conclusion, I presented and argued that suffering is developing its values and weight through the transaction of suffering, in which a therapist and client develop and exchange the moral values and weight of their lived experience of suffering to achieve mutual comprehension.

The third argument proposed in this chapter is that the therapeutic conversation is developed as the testimony of not only the client who constitutes the implicit history of suffering but also the therapist who shapes the implicit history of suffering in order to respond to and for his or her client. I extended Schmid’s (2001) term of co-experiencing and co-responding with the Buddhist context of ‘co-suffering’ as in therapeutic conversation suffering has been developed as mutual language and experience. In the ethics, psychotherapy offered an ethical horizon to a therapeutic practice that witnessing, bearing the witness and being witnessed is inter-subjective to the therapeutic relationships. A therapist is offered an ethical position and responsibility of ‘being witnessed’.

The next chapter will conclude this research thesis. Following the extension from Levinas’s philosophy of ethics and Schmid’s arguments of psychotherapy, I will focus on the paradox of therapeutic reality. I will argue that when we are acknowledging and knowing ‘suffering’, we are also 'unknowing' the values of suffering embodied

by our sociocultural and political reality. In the final chapter, I will also propose suggestions and improvements for further research of suffering.

Chapter 9 Ending: The unknowing and acknowledgement

9.1 Introduction

This study, as discussed in Chapter Two, has a property encompassed by Aristotle's term of 'phronesis' as the practical wisdom in which I learned and gained knowledge from the practice itself. According to Flyvjberg (2002), phronesis manifests ethics and incorporates 'deliberation about values with reference to praxis (p. 24)'. In this final chapter, I will lead an ending discussion of my reflection on therapeutic practice and reflexivity. In 9.2, the discussion will start from a counter-perspective of 'understanding' in which, from two therapeutic moments, I will illustrate the contextualisation of 'unknowing' and discuss the ethical meaning of its process. In 9.3, I will provide an ethical perspective on the therapeutic practice presented in this study, in which the contexts of morality and ethics are developed in the third space: between self and the other. Following the argument that psychotherapy is the practice of ethics, in 9.4, the two main arguments of this research will be summarised as this study's contribution to the discipline and practice of psychotherapy. Psychotherapy will be argued as the process of 'moral return' and the therapist's encounter will be discussed as a retrospective and reflexive horizon of 'being witnessed'. A self-evaluation of my research conduct will be presented afterwards in 9.5, and then, as the conclusion of my relationship with readers, I will share and reflect on what I have learned from this long long journey.

9.2 A Process of Unknowing

As discussed in previous chapters, both Tai-Ya and Hui-Yu had developed a two-fold discourse about their experience of 'moral return'. On the one hand, in therapeutic practice they generated a new ethical affiliation concerning their relationship between themselves, God, family members and son. On the other hand, they formed a new subjective perspective on the lived experience of suffering as the ethics for life. In opposition to the empirical point of view, when they acknowledged the ethical context of responsibility, they developed a de-medicalised perspective on their son's illness in which the boundary between ordinary and illness became blurred. For example, in the sixth session when Hui-Yu reflected on being the mother, she challenged the medical term of YH's 'disability':

> 'YH is not "disabled" to be educated. He just needed more time to achieve the learning goals. If other child needs 100 times of practice, YH would need 500 times or more. What I have learnt from teaching YH is that, when I am focusing on YH's 100th failure, I should ask myself, whether I have made myself prepared for the 101st practice, or even the 102nd practice…When I think like this, I found I am not different from other mothers (S6)'.

Tai-Ya developed a similar reflection on Kevin's autistic tendency. In our seventh session, he was excited about, when meeting with a friend, he found he himself 'forgot' Kevin's autistic tendency. This caused him to start thinking of the medical dominance on his life and the allowances he was told he'd have to take as a result of Kevin's 'autistic tendency'.

> ‘ I was sitting there, like you in Kevin’s lessons, and observing Kevin playing with Jack (his elder brother): whatever Jack was playing, he was following him, not like the kind of child (autistic boy) at all…Also, last Friday, when I was talking with my guests, I saw he sat between us and tried to communicate with us. We just interacted with him so naturally. WE ALL FORGOT KEVIN IS AUTISTIC! Although he could not use language for conversation, everything is so ….natural. I am not denying Kevin as an autistic child. I am just saying that there is a moment, actually many moments, that I forgot he is autistic. I am thinking that whether he is autistic is not important. (S7)’

Hui-Yu also mentioned that she ‘forgot YH’s autism’ in our fourth session, when she described the first ordinary week since YH hurt himself.

> ‘This week is very normal, nothing special, and very ordinary. Everyday YH just goes to school, and then I go to work and do volunteering work in the association (of Autism). When YH returns home, we have our everyday fight about his homework because he is too easily distracted….Well, you know, that is our everyday life. It is really different from the period when he was doing early intervention. I can even forget his autism (S4).’

In the book ‘Aiden’s Way’, Crane (2003) used a Chinese philosopher Chuang Tzu’s fable to describe his journey of knowing and unknowing his son Aiden’s lifelong disability.

> Chuang Tsu, an ancient Chinese philosopher, tells a story of a tree

sheltering the village shrine:

…a chestnut oak so huge thousand of oxen could gather in its shade. It measured a hundred spans around, and in height it rivaled mountains. It rose eighty feet before the branches began, and dozens of them were so large you could make them into boats. People came in droves to gaze at this tree. It was like a fair.

One day, a master carpenter walked past it. He did not stop. His apprentice, however, was deeply impressed:

'Since I firstly took up the axe in your service, master, I've never seen timber so marvelous, so full of potential. But you didn't even bother to look at it.'

The master carpenter scoffed at the lowly apprentice, pointing out all the flaws that his practiced eye could see in the massive, gnarled hulk.

'It's worthless wood. If you make a boat from it, the boat would sink. If you made a coffin from it, the coffin would rot in no time. If you made doors and gate form it, they'd sweat sticky sap. If you made pillars from it, they'd soon be full of termites. That tree has no potential whatsoever.'

That night as the master carpenter slept, the tree spoke to him in his dream:

'What were you comparing me to? Tree with beautiful fine-grained

> wood? Fruit trees – hawthorn, pear, orange, and citron? Once their fruit is ripe, they're picked clean, ransacked and plundered. Their large branches and broken down; their small limbs are scattered. It makes their lives miserable. And instead of living out the years heaven gave them, they die halfway along their journey. All that abuse of the world—they bring it upon themselves. It's like that for all things.
>
> I've been perfecting uselessness for a long time. Now, close to death, I've finally mastered it. And it's of great use to me.'
>
> When the master carpenter mentioned this dream to the apprentice, the younger man was puzzled. Why, if the tree was determined to be useless, did it serve the village shrine so well? The master carpenter replied:
>
> 'Shhh! Say no more about it! It's only resting there. If people don't have a way of understanding such a great oak, they'll rail against it. Don't you think someone would have cut it down long ago if it wasn't by the shrine? Look, it isn't like the rest of us: it's harbouring something utterly different. If we praise it practicality, we'll miss the point altogether, won't we?'
>
> (Crane, 2003, p. 1)

Using this old Chinese Fable as a metaphor, Crane analogises his relationship with a son as the relationship between the carpenter and the chestnut oak in this fable. In this book about the experience of accompanying his son for 20 years, the son did

not develop language. However, in the caring process, the author developed his interpretation of the son's unknown disease: Not from the dichotomised perspective of defining or non-defining the experience of suffering, but from the unspeakable process in which he was 'unknowing' of his son's illness, simply because of the fulfillment of being the father. Tai-Ya and Hui-Yu were developing the same perspective that they are in the same way of 'unknowing' their sons' autistic spectrum, as they were in the same way acknowledging themselves as the father and mother. Without manipulative intention of language, '**unknowingly**', they returned to their primordial moral position of suffering for the others.

To connect Oriental and Occidental thinking of human suffering, this research focusses on the ethical level of the interactions between client and therapist. Oriental philosophy, as reviewed in Chapter Two, has offered ethical perspectives on one's interpretation of suffering before a 'disease' is diagnosed by the medical profession. An illness can have both its cultural definition and medical contexts in Taiwanese society (Kleinman, 1986). For instance, Daoism, Buddhism and Confucianism have offered the rationality of suffering the ethical based thinking about '**人情**(jen-qing)', the interpersonal ethics (Kleinman, 1986; Hwang, 2001a, 2001b) so that one's disease can serve as the debt the other needs to pay for him. For a 'patient', when psychotherapy has medicalised his or her everyday life as the 'symptoms' requiring change or 'progression', his or her interpersonal relationship changes as well. This research showed that to cope with the 'son's' medical label, the 'family ethics' of a family had to be reconstructed so that its members could then re-attach to it. Suffering, in this sense, is developed as having its paradoxical reality of suffering and responsibility, but echoes the post-modern thinking of

acknowledgement: ‘Not-knowing’ is a way of knowing (Bion, 1970). To return to our moral position, this research has presented that, we acknowledge suffering through the process of unknowing it.

9.3 The Third Space: An Ethical Position for the Transaction of Suffering

The therapist’s ethical window, according to Loewenthal (2006), is typically a two-dimensional model, in which ‘the main axis concerns whether the psychologist put the psychologist first or the client. The other axis is whether the client put the client or psychologist first (p.215)’. In the self-other relationship between therapist and client, therapeutic practice has been redeemed as the practice of facilitating ‘an ethical space’ between the individual and the environment where the cultural experience could emerge (Gans, 2000; Weiner, 2001; Loewenthal, 2006). The ‘third space’ in psychotherapeutic practice, as Jan Weiner (2001) argued, is an ethical space from which to view the relationship between our moral principles and our personal ethical attitude so that the subjective and objective can become more companionable bedfellows (p. 160). This research has explored human suffering as the manifestation of cultural and local ethics. Through mutual responding and understanding, the co-acknowledgement of suffering could be contextualised into a local cultural context. In the ethical space, as explored in this research, suffering could be transacted intra-personally between embodied experience and language and interpersonally between client and therapist. Neither from the perspective of the ‘Self’ nor from the perspective of the ‘Other’, this research argued that in the third place with constant ‘face-to-face’ between Self and Other, the values and

weights can be manifested by its constant transaction as well. Robert Walsh (2005) used Levinas's work to illustrate the things that happen 'between me and you' in psychotherapeutic praxis.

> 'What is left after this phenomenological reduction of 'psychotherapy' is me 'speaking with 'you', me listening to you as if being inhabited by you, being heard; you and me conversing where your desire and need to be heard have immediate priority over my wish to speak, as if I were being held hostage by you; where I am at your disposal – disposed of all, destitute, facing you; and where, in losing myself for you in this way, mirabile dictu, I find myself finding myself' (Walsh, 2005, p. 34)

In terms of 'transaction', this study has explored suffering from the interactive narrations between my clients and myself, and argues that the margin 'between' Self and Other should be recognised as having a specific position involving human ethics. This study does not form an 'egology' of suffering (Kunz, 1998), a construction of 'empty self (Cushman, 1990, 1995), or a development of the 'other' in terms of 'non-self' or 'altered self' (Lin, 2005). Rather, trying not to fall too deeply into a dualistic debate, from Levinas's perspective of suffering '**for**' the other, this study focusses on the 'responsibilities-for-the-other' developed by the language of the therapeutic process (Gantt, 2000). This study has explored that the therapeutic practice in this research manifested the ethical orders of suffering for the son, and reconstructed the self-other ethics between members of a family.

However, I need to emphasise here that this research does not posit an 'other-centered' perspective on 'othering' suffering in a psychotherapeutic practice

(Strong & Zeman, 2005). From hermeneutic phenomenology, this thesis offered the 'Other' the meanings developed in this third space so that one could make a connection to it. Although in Chapter 8, I illustrated the local-culture and politics as the symbolic 'Others' which embody the ethical values in our everyday interpersonal interactions, through hermeneutic exploration, these 'Others' were given an historical reflection on how they have been attached to it. To construct the inter-subjective history of suffering, the values and weights of responsibility were constantly transacted in the space 'between' therapist and client. From the point of hermeneutic phenomenology, not only contextualising the 'Other' is a transcendent experience, but also the 'Self', which is contextualised by the contextualisation of the 'Other', is transcendent as well (Deuck & Parson, 2006; Long, 2006). Between Self and Other, the transcendence itself becomes a moral paradox constructed as a two-person psychology (Cushman, 1990, 1993), in which suffering can have and use its own grammar to contain the reality fraught with dilemmas for those experiencing suffering (Strong & Zeman, 2008). This study posits the argument to the 'third space' where the ethics of suffering are articulated in the giving-receiving intersubjectivity, rather than to evaluate its values and weight.

In the ethical space without 'selfing' and 'othering' the experience of suffering, in this research, clients and I turn ourselves back to the value found in the initial contact of suffering, which Levinas called ethics and Lao-Tzi named '道德 Dao-De' (Nuyen, 2000). Suffering, as Levinas said, is the face-to-face, the bread on the hand and the bearing witness, and is a process of recalling the virtue (Deuck & Reimer, 2003). To present the mutuality of calling for responsibility, this thesis has presented intertwined histories of suffering articulated by therapeutic interaction.

In Taiwan, Lee, Yee and Lin (2003) used the 'formation, manifestation and change of ethical subject' to represent that in the space between self and other the experience of 'we-ness' is constantly 'flowing and changing' and always 'manifesting the ethnic and ethical values' of a society. As reviewed, Buber (1937, 1947) used 'encounter' to illustrate this status of being as the presence of 'I' in the relationship with other. As he said, 'The I becomes through the Thou. Becoming an I, I say Thou' (Buber, 1923, p. 18). In therapeutic practice, client and therapist co-acknowledge the 'encounter' and manifest the values of suffering in the conversation between self and the other. Levinas (1986) used 'alterity' to emphasise the manifestation of ethics of facing the other's experience of suffering. In Alphonso Lingis's (1998) introduction to the English version of 'Otherwise than being', 'I am responsible before the Other in his alterity, that is, not answerable for his empirical and mundane being only, but for the alterity of his initiatives, for the imperative appeal with which he addresses me'. The 'third space' between the client and therapist, argued in this research, is a transcendent and paradoxical position where one 'is responsible before the other in his alterity'.

In this study, I tried to use the idea of 'transaction' to re-conceptualise the ethical level of suffering between one and the other. As having its own moral order and virtue grammar (Deuck & Reimer, 2003), 'suffering' has been conceptualised as having its weight and values taken and given through the process of understanding. My psychotherapeutic conduct with Tai-Ya and Hui-Yu offered two examples in which we acknowledged suffering in our cultural-moral structure and transacted the values of the responsibility of being the father, mother and son, with each other. The discourse of disability presented in Chapter Eight showed how we made

the therapeutic conversation into the ethical space to exchange our confession of inability with each other. Frank (2001, 2007) emphasised that suffering is dialectical and the stories are from dialogues in which one tells his or her stories for the other.

To return to Cushman (1999, 2005), suffering is a two-person psychology, in which the relationship of lived experience needs a dialogic space when searching for the embodied values of suffering. In this space, from a psychodynamic point of view (Blackwell, 2005), the lived experience of suffering is inter-subjectively contained and held as if the contact between a mother and her baby experiences and responds to the existence of each other. Psychotherapy, in this context, is not the practice of 'positive psychotherapy' which aims on causing 'rational conversation, corrective acknowledgement and self-affirmation' (Yee, 2003) but the practice of ethical recognition which facilitates the reflexivity of self-other relational knowing. To be clear, as the practice of ethics, this study argues that the focus of psychotherapy is not an egology or ecology oriented practice in which therapy is focused on re-positioning a client in the context of objective reality and positive rationality. Rather, psychotherapy should be focussed on the two-fold but paradoxical reality which could re-value the relationship in suffering and manifest the moral values within the responsibility for the other.

9.4 As an Ethical Practice: To Therapy and To Therapists

Two arguments in this research can be concluded as the findings and the contributions for presenting counselling and psychotherapy as being the practice of ethics. Following the discussion of 'Moral return' found in the last chapter, firstly,

this research suggests that therapy makes the re-identification of one's moral positions and responsibilities. Beyond the medical reality, therapy itself also makes the moral affiliation in the context of local morals and culture. Secondly, from the inter-subjective reflection on 'witnessing suffering', this study posits a de-professionalised perspective on the therapist's responsibility for his or her client. I argue that, to engage in the meaning-making process of suffering, a therapist is at the same time offered the responsibility of the ethical position of 'being witnessed' in order to be reflexive upon his or her live experience of suffering. To therapy and therapists, this study concludes these two research findings.

9.4.1 Psychotherapy as the Facilitation of Moral Return

In this study, the experience of suffering for the son and the experience of coping with the son's autism are developed as the different hermeneutic horizons in which the autism could not be excluded from our common medical reality and political rationality, but the experience of suffering was acknowledged and honoured by gaining its moral values from my act of sharing the parent's responsibility. Suffering, as having its socio-cultural context of ethical order, has been explored as the transaction of moral values and weight. This study has showed a process in which beyond the medical concerns of the son's autistic tendency, psychotherapeutic practice facilitated a parent's 'everydayness' of suffering, in which a parent could re-define his or her responsibility as the father or mother within the context of everyday life rather than the medical language. Also, the therapist's self-other relationship could be articulated by the language developed with the clients.

Psychotherapy, accordingly, can be regarded as the practice of ethics which re-values suffering and causes the reflexive horizon of 'moral return', in which father, mother and son can be returned to the original dynamic of family ethics.

In his phenomenological study of an ethnic psychotherapist's service in a Daoist religion institute, Lee (2004) used 'ethical adjustment' to illustrate the 'therapeutic' work developed between the therapist and patient. This research posits no different argument from Lee's finding that, beyond the medical reality of a disease, psychotherapeutic practice, when it is related to suffering for someone, involves therapeutic work in the moral affiliation between oneself, others and bigger 'Others' which in this research are explored as social politics and cultural tradition. Illness, suffering and therapy, in this context, are ethical events because they link people with the responsibilities valued and embodied by the society and culture. Lee, Yu and Lin (2007), in their phenomenological research about the families with a chronic schizophrenic member, argued that the very nature of 'therapy' is the 'care' within the family, rather than the 'cure' from medical experts. From the discourse of 'moral return', psychotherapeutic practice is argued as the practice of manifesting the values of self-other ethics, which is parallel to the medical horizon of cure-based intervention. This study shows that, since having an autistic tendency is a lifelong label for the family and may cause a son's progression to become more difficult, psychotherapy can instigate ethical reflection on a parent's care for the son, which is beyond the treatment of the son's medical label. To make the medical rationality of a child's behavioural change, psychotherapeutic practice could also make the ethical re-connection to the relationship injured by the son's illness.

In this study, the discourse of 'moral return' contextualised an ethical horizon to acknowledge the experience of suffering, which is parallel to my therapeutic approach. In the work with YH and Kevin, using a traditional cognitive and behavioural approach, the aim was to make a significant change in reference to the baseline scores and observation. However, as reviewed, the child, parent and myself in the process became an alliance and worked together like a family. I was not only the therapist but also a member in the family who conducted my therapy practice with co-acknowledged family ethics. The recognition of a parent's responsibility, as represented in the chapters of clients, was based on my CBT therapeutic intention, but from the family dynamic developed among us.

Beyond the conduct of psychotherapy, Walsh (2005) linked Levinas's influence to therapeutic praxis with the Chinese Philosopher Lao-Tzi's concept of '無為 Wu-Wei': doing by not doing, being indirectly or obliquely or invisibly instrumental without acting (p. 35). The 'moral return' is not a therapeutic intention but a reflexive reflection on the 'doing'. Suffering, as Frank reflected (1995), is unspeakable and refuses to be conceptualised; therefore, in psychotherapy, suffering can be acknowledged by 'unknowing' its objective reality and causality. This study, as represented, has presented two cases that unknowing the son's disease and knowing the parent's responsibility were developed with each other as the two folds of a thing, which Fromm (1960) signified as the paradoxical reality. From an ethical perspective, the lived experience of moral conflicts can be generated as the acknowledgement of suffering, which can be a paradoxical existence.

Accordingly, different from the postmodern approach that psychotherapy aims at

facilitating a meta-perspective on one's lived experience so as to find solutions of life impasse or re-write a client's life story (White, 1999, 2001, 2005; de Shazer, 1984, 1997), this study argued that psychotherapeutic practice should also reflect on the ethical order developed by the mutual encounter. Therapy, therefore, can be a dialogic space in which clients and therapist together stay in the narration of moral conflicts, and endow the ethical values to the paradoxical reality of suffering. Hui-Yu's metaphor of '回甘 (Hui-Gang)' is the example in which she analogised the experience of suffering as the process of enjoying the taste of the bitterness and sweetness in a sip of tea. In this metaphor, bitterness, which in Mandarin shares the same character with 'suffering', and sweetness were developed as a paradoxical existence: one is the other's causality and reality. For her, the experience of suffering means her lifelong responsibility for YH but taking such responsibility re-valued herself as the mother. Suffering, in this process, was not developed as an 'object' like a clinical symptom that a client and practitioner work to remove from one's life. It was contextually given the ethical values in a therapeutic relationship to take, recognise and share with each other (Kunz, 1998). Psychotherapy became the practice of 'not' taking the 'suffering' away, but living with it by acknowledging its local ethics and subjective causality.

In summary, the conversation in therapeutic process, since it is termed as 'therapy', has been expected to facilitate the 'changes' of one's objective or subjective reality. However, this research suggests that, except for relating it to objectivity, 'suffering' has its reflexive subjectivity in which both client and psychotherapist are offered an interpretive horizon on the self-other ethics and, in the context of moral return, re-attached to the mutual socio-cultural morality. The 'changes' of psychotherapy, in

this context, could mean not only the behavioural progression or cognitive difference but also the mutual acknowledgement of the paradoxical reality of suffering, in which a therapeutic practice facilitates both 'knowing' and 'unknowing' the moral frames of suffering. In Wong's (2007) research of life histories, he used '覺解 Juei-Jei (De-acknowledged Acknowledgement)' to illustrate how the years of psychotherapeutic practice could 'de-acknowledge and acknowledge' the Chinese cultural moral values in his life history and, vice versa, the awareness of cultural values could make him work with clients within the mutual cultural understanding of suffering. Psychotherapy, with its paradoxical reality, causes not only clients but also therapists to return to the making of ethics, and its values could be acknowledged and manifested by the 'mutuality' of suffering.

9.4.2 Psychotherapy as therapist's reflexivity of 'Being Witnessed'

From reflexive explorations, this study makes an argument for a therapist's own practice that, by facing client's suffering, the therapist is also offered a position of 'being witnessed' by his or her client. This argument gives another ethical horizon regarding the therapist's existence in the conduct of psychotherapy. By using myself as a research case, this thesis presented a storyline that client's narration could also testify to the therapist's lived experience of suffering. Following the discussion about the paradoxical reality of suffering, 'being witnessed' is argued as the other side of 'witnessing', and they together happened because of the therapeutic encounter. A question, therefore, is articulated to a therapist: 'How I am witnessed by my client in the process of psychotherapy?'

‘ Being witnessed’ in this study has articulated a reflexive reflection on the therapist’s therapeutic responses. The client, in this context, is re-acknowledged as the ‘witness’ awaiting their therapist’s response, and the therapist is argued to be a sufferer who also transacts his experience with the language for the client. As Schmid (2001) discussed, a therapist’s authenticity towards clients is shaped by a client’s disclosure. A therapist, beyond authenticity, also exposes himself to the language of his own suffering recalled by the face-to-face encounter with his clients. According to Levinas’s (1985) discussion in *Ethics and Infinity*, ‘the witness testifies to what has been said through him, because the witness has said ‘here I am before the other (p. 185)’, without the regards of being an expert, stories developed in front of the client testify the therapist, because to respond to his responses, the client has also engaged in the position of ‘here I am before the other’.

In this context of enabling myself to be witnessed by my clients, ‘therapy’ became intersubjective because my clients made therapy ‘happen’ to me as well. In Stephen Kurtz’s (1989) analysis of a psychotherapist’s ‘suffering’, he identified the ‘resistance to unknowing’ as a therapist’s essential anxiety of the ‘compulsion to make sense’. Cited from Gordon (1998), Kurtz posited a reflexive question to use when reflecting upon the ‘analysis’ itself:

> The analyst, Kurtz argued, usually has not analyzed his addiction to the analytic role, the addition to understanding and the ‘cohesion-producing functions’ (e.g. through offering interpretations and weaving narratives) which is a route to power not just over the other person, but more importantly over his own discomfort with unstructured experience. ‘Can the

> analyst', Krutz asks, 'allow the patient to cure him of this need and to open up a world that does not make sense? (p. 91)

'There is in psychotherapy a double witnessing', Gordon (1998) argued. Laub (1992) illustrated that in the process of making 'testimony', the listener is a 'participant and a co-owner of the traumatic event: through its very listening, he comes to partially experience trauma in himself (p. 57)'. To argue that a therapist is 'being witnessed', this study adopted the concept of 'transaction' and presented my empirical context of 'co-owning' the experience of suffering. From its hermeneutic circle, the horizon of 'being witnessed' de-professionalised our therapeutic work. To echo Krutz, this therapeutic practice acknowledges the suffering from 'the world that does not make sense' to both clients and myself, and shared the moral values and weight that our world has given us. Through 'being witnessed', a therapist could be 'unknowing' himself as the sole figure administering 'therapy'.

Echoing Kurtz's argument that 'a world does not make sense', in his research on terminal care and bedside counselling, Yee (2006) related Levinas's term 'Il-y-a', the 'there is' of things, to the Buddhist context '無明 (Avidyā, ignorance)', the pre-existing of suffering. He used '無無明 (No ignorance)' to state the 'not-knowing' the Buddhist context of encountered suffering, and used '無明明盡 (the end of no ignorance)' to illustrate that the therapeutic action of 'knowing' always brings the therapy itself to acknowledge the 'unknown' as the fact of life. Yee (2006) criticised that, when a therapeutic practice is focussed on the solutions of suffering, the 'ignorance' would become rooted in therapeutic anxiety and never be touched. However, when a therapeutic practice could reflect on the 'ignorance' as the

ontology of knowing, the anxiety due to the experience of suffering could be ‘unknown’ in the process of encountering suffering.

This study argues that a psychotherapeutic practice makes a ‘witnessed therapist’ in its process. To acknowledge the uncertainty of suffering, psychotherapy is re-deemed as also the process of reconstructing the therapist’s subjectivity of ethical order. Beyond the therapeutic intentions for finding solutions for clients, being witnessed, in this context, is argued as an ethical horizon of reflexivity which enabled the therapist to acknowledge suffering ‘with’ clients (Gans, 2000). In this reflexive and reflective horizon, the therapist is asked to take off the glasses of being a psychological expert and to acknowledge the client as the one who sheds light on his own suffering. A client, in the process of psychotherapy, is also the other we can serve and learn from. As the fore-discussion about ‘acknowledgement’ and its literal meaning of appreciation, ‘being witnessed’, as a therapist's reflexive horizon, is not only an expertise of therapeutic reflection or the analysis of counter-transference, but also the 'acknowledgement', a real connection through a authentic dialogue as the mutual testimony, so that one in a psychotherapeutic relationship can be listened and responded to, as well as appreciated by the other. In the co-acknowledgement of being witnessed by the other (Schmid, 2000), psychotherapy can therefore be a container of ‘our’ suffering.

9.3.3 Beyond Therapy; Ethics of Suffering

From an oriental society in Taiwan, this research contributes to the Chinese philosophical context of suffering as well as the international discussion of

therapeutic ethics. From an anthropological perspective of social suffering, ‘ethics’ was given a socio-cultural and political perspective to explore the stories developed by a therapeutic relationship. ‘Suffering’, in the argument as the practice of local ethics, is illustrated as having its values and weight embodied by the Taiwanese socio-cultural and political reality. Regardless of therapeutic or clinical change, psychotherapy is argued to be the practice which manifests morality and ethics.

Paul Gordon (2009), in ‘The Hope of Therapy’, reflected that what psychotherapy can do is ‘pretty helpless’ when facing the world scale versions of suffering like war, torture, hungry or homelessness. ‘As an ethical space’, he reflected that ‘there will always be people who want something other than the application of technique (p. 92)'. From a reflective and reflexive perspective, this research argues that the therapeutic practice facilitates a space for both therapist and client to return to the primordial moral responsibility for the others, in which, in the face-to-face encounter, we suffer for each other, we acknowledge the values and weight of suffering, and we live with the ‘suffering’ together.

Following Gordon’s words, the hope of this study can be ‘small’. Its objective has not been to cause the change of things, but making ‘nothing happen’, which is how Gordon (2009) used W.H. Auden’s word of poetry to analogise the process of psychotherapy. This study presents that in therapy the ethics have already been set in the therapeutic relationship and ‘nothing happened’ to manifest the ethical contexts and values. Rather than a medical model, psychotherapeutic practice, in this research, is represented as the way in which we re-attach ourselves to our ethical system and re-acknowledge ourselves with familiar ethical values. In this

context where ‘nothing happens’, psychotherapeutic dialogue is presented as being no different from people’s everyday conversation and, rather, simply acknowledging the ordinariness of who we are, for instance, as the father, mother, or the son, and our responsibilities for others. As the practice of ethics, beyond the ‘techne’ based arguments of psychotherapy, this research contributes to ‘phronesis’ based discussions to therapy itself and a therapist himself (Flyjvberg, 2002). Although, in this ending discussion, nothing really happened because the debate of suffering goes back to its beginning, ‘in holding out against the medicalisation of suffering and against the technicisation of the responses to it’, using Gordon’s (2009) reflection as the ending of this section, ‘in insisting on respect for the person at all costs and against the odds, in continuing to assert the values of personal autonomy and community and the importance of ordinary ways of being together, we continue to do something, maybe even radical in its own small way, but, certainly important (p. 119)’.

9.4 Evaluation of this Research and Further Development

In the process of conducting this research, although I was sure about the aim of my research conduct and analytic intentions, facing the fruitfulness of the process itself, many interesting horizons related to the context of suffering transaction were shaped but could not be further developed. These horizons could be reflected as being the limit of this research and illuminates the need for further research investigation. I conclude these further ideas in what follows.

A family with a Daughter with Permanent disabilities: The first idea is the gender

issue about the exploration of families with a disabled 'daughter'. When I was conducting the fieldwork in Taiwan, I discovered the gendered context of a parent's suffering. Especially, when I was aware of my own patriarchal ethical glasses I used to see family experience which then allowed me to re-understand Hui-Yu's different attitudes towards her son and daughter, I understood that the language developed in my fieldwork was about a parent's experience of suffering for the 'son' rather than just the neutral context of a 'child'. The stories discovered in this thesis could not articulate a family's experience with a disabled daughter. As discussed earlier, in the rooted Confucian ethics, the gender context about a parent's experience has been represented in the same way Taiwanese local culture has embodied the patriarchal understanding of a father and mother's responsibility within a family. However, from Hui-Yu's attitude towards her daughter, there is the horizon that culture also embodies a different context between the son and daughter. Therefore, the story of a family with a disabled son and with a disabled daughter can be expected to turn out differently in the way of contextualising the parent's suffering. Further study is accordingly suggested to explore the experience of suffering from the family who have a daughter with disability and see the family dynamics the parents choose to maintain. A case study would be powerful and become a comparison piece to my thesis.

Transaction between people and landscape: The second horizon is the broader conceptualisation of 'suffering transaction' not only between body and language, or a sufferer and the witness, but also people and environment, which is from the understanding of Tai-Ya's stories in which suffering was closely related to environmental changes. For Tai-Ya, living in a rural area with uneven medical

resources and behind-hand social policy became his core context of suffering, but when the highway system had built up and connected Pu-Li and Taichung, the highway itself released Tai-Ya's anxiety for finding medical resources and recorded his history of suffering with the useless medical services.

This research has contributed to the discussion on intrapersonal and interpersonal transaction but, from Tai-Ya's experience, suffering is transacted from the geographical environment itself, because nonverbal suffering can be recorded, stored and passed in not only the local history of social politics but also the geographical landscapes like a medical centre and buildings such as clinics of early intervention. The medical centre built in Pu-Li is an example of Tai-Ya's subjective change of the experience of suffering. In this sense of transaction, one can encounter suffering with the context 'stored' in the landscape itself. Therefore, further ethnographical study about the 'transaction of suffering' can be suggested to explore the values and weight of suffering transacted between human and certain landscapes.

Co-experience and co-comprehension: As the researcher and therapist, I related my family experience to each client's context of suffering so as to analyse the correlation of what suffering meant to us. My clients' own suffering, since I am also from a family with a disabled member, has been pre-set as my response and inclination to articulate my own family history. However, although this study presented my example of suffering transaction, in general, psychotherapy is not processed with such a similar background of lived experience between therapist and client. Although in this study, the argument of a 'witnessed therapist' was

based on my connection with my clients, how can it be analogised to the common therapeutic relationship?

As discussed, this study provides an empirical reflection on the 'transaction' between therapist and client and argues that 'bearing the witness' is the essential anxiety of a therapist (Laub, 1992). However, the understanding of the other's experience of suffering could not be just due to one's similar lived experience, and the transaction of moral values and weight could not be just based on a similar context of suffering. According to Schmid's (2001, 2005), the co-comprehension and co-acknowledgement in psychotherapy are from its process of co-experiencing and co-responding between therapist and client. From experiencing to comprehension, further study can be suggested in order to focus on the process of 'co-experiencing' which could not be explored in my study due to my similar lived experience; I suggest that additional research looks at how the other's experience of suffering could articulate the self's experience of suffering. Accordingly, the argument of the 'witnessed therapist' could be the subject of further exploration on the formation of therapeutic dynamics rather than its contextual correlation with the client's similarity of circumstance.

9.5 Ending of the Research, Recapturing my Therapist' s Image

This study is about the therapeutic process in which I, as an ordinary therapist, conducted two psychotherapeutic processes, and therefore a reader may have judgements regarding my therapeutic conduct in the particular sessions. However, this research is not aimed at presenting a successful or failed therapy. Rather, it is

aimed at exploring how meanings of 'suffering' could be developed in my therapeutic encounter and thus could be acknowledged in the dialogic interaction between clients, myself and even the readers of this thesis.

In the autumn of 2010, two years after my fieldwork in 2008, I went back to Taiwan for a short holiday and sought respite from my serious homesickness. To attend a conference, I went to Pu-Li and saw Tai-Ya's family. In this two-year period, the highway system was completely done and it only took 40 minutes on coach from Taichung city to Pu-Li. At this time, Kevin was now six years old and still had limited conversational skills and was keeping 'early intervention' in Pu-Li and Taichung city, but his art talent had been recognised by the local public and made him a champion in a local art competition. Tai-Ya, a mathematics teacher, was doing his master degree of social work; his dream was to establish the Association of Autism in the Pu-Li area and integrate medical and educational resources for families like his. Both Tai-Ya and his wife Jene became leaders of a support group for the parents of an autistic child.

During this visit, in a small rural hot-pot restaurant, Tai-Ya, Jene, Kevin and I met each other for dinner together. Kevin remembered me; he laid and crawled on my knees with his special language and even showed me the photos he took with his father's mobile phone. Tai-Ya and Jene happily chatted with me and talked about their gains and losses experienced in the two years of our separation, and their constant worry about the boy on my knees.

The chat that tangled itself in the vapour rising from our boiling hot-pot made me recognise myself and my relationship with them. Conducting this study since 2006, I

always asked myself, what am I doing? Is this research and therapeutic service for my clients, for myself or for my family? Why do we suffer? What are we suffering for? In this dinner, after two years of 'immersing' myself in my study about suffering, I understood that I am not only a therapist but something beyond the traditional role, because in this position I had been trusted by this family and honoured for taking responsibility for embracing and sharing their lifelong worry for Kevin. For me, the worry for the son has become an ongoing part of my own life as well. When Kevin sat on my knees, the responsibility for them since the encounter in 2008 was shown to be a continuing present reality, no matter whom I was sitting with and where we were. In this face-to-face encounter, it was not only like how Levinas said that responsibility for the other begins at the initial contact, but also that the responsibility for the other is called to be developed without ending. Understanding their gain, loss and the new context of suffering, I, because of them, understood what I had been learning in this study.

To conduct this research, although I could not continue with my therapeutic work in the UK since I arrived in 2006, I learned a therapeutic attitude of remaining reflexive of my own responsibility that my clients endowed to me and the ethics of our relationship. In the research work of finding meaning in our therapeutic relationship, between two different languages and moral systems, this study became the process of reflecting on every therapeutic detail, deconstructing the meaning of suffering from Chinese transcript and reconstructing the context in English and re-identifying my relationship with my clients, my family, our culture and society in both languages. By conducting this research, I could recognise myself as a therapist again. In the process of linking each client's history with mine, like

peeling an onion, as a learning practitioner, I came to understand how being a good therapist could be difficult but it was honourable to touch the core of suffering 'with' and 'for' a client, as Gans (2000) emphasised.

Accordingly, for me, this study has served as therapeutic training while I live far away from my hometown in Scotland, because it has rebuilt my relationship with not only my clients but also my important family members. When this research was reaching its end, I started to be curious about my therapeutic work. When I again sit in the position of encountering the other's experience of suffering, how will I include myself into a client's stories? This research let me understand that my lived experience has been opened to clients and, to 'acknowledge' suffering, I fully appreciate that a client could make his or her stories told while with me, and we could witness the other's experience of suffering together. Therapeutic practice, in this stage of learning, is more 'here and now' and involves more 'we-ness' (Lin, 2005; Buber, 1937). I found one of my favourite therapist's therapeutic notes, which was before too abstract and paradoxical to me, which has now helped me to now see how therapy could be possible. In this note, she reflected that,

> Psychotherapy, as a two-person exploration by both me and my clients, is like a process that we are stepping together in the darkness. It is neither who is leading nor who is led. It is neither hard nor pleased. It is uncertainty in its nature and I am learning to enjoy the uncertainty with my client. After 30 years of therapist life, I come to realize the change inside of myself: At the very beginning, I may expect myself to be a lamp which can light and guide my client through the darkness, but now I just want to be a lamp which just lights

> up our next step and so we can safely have our exploration…. (Sha, 1998, p. 46)

Creating and sharing this research for me is difficult not only because of my language barrier in English but also because of the uncertainty of the 'unspeakable suffering' itself. Beyond the hermeneutic circle presented in this research, this study endows another circle for me, which is the process of identifying myself as the qualitative researcher, psychotherapist and both. To develop this thesis, I had to learn a way to acknowledge the 'uncertainty' of suffering and engage in a certain exploration of this uncertainty. Researching suffering, therefore, became a journey, in which I can now fade the image of a good therapist who 'lights through the darkness', but also stays with the client and enables myself to be 'the lamp which just lights up my next step'. I understand that, in this journey, I am not only becoming a better researcher, but also honouring myself as a better therapist.

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